



NAME CHANGE REQUEST

Required written proof for a change can be a release from the former party, an addition of a co-applicant, divorce certificate, marriage certificate, or death certificate for updating existing, active co-membership. Fax number is 903-453-0784 or email CustomerServ@FarmersElectric.coop.

Please provide the following information and return to our Customer Service department. If you have any questions concerning the above, please call 903-455-1715 or toll free 1-800-541-2662 and request to speak to a Customer Service Representative. Thank you.

ACCT# _____

NAME _____
LAST FIRST MI

DL# _____ DOB _____ SSN _____

Please provide copy of TDL

HOME# _____ CELL# _____ WORK# _____

BILLING ADDRESS _____

911 ADDRESS IF DIFFERENT FROM BILLING ADDRESS _____

PRIMARY APPLICANT EMAIL _____

CO- APPLICANT NAME _____ CO-APPLICANT EMAIL _____

CO-APPLICANT CELL# _____ CO-APPLICANT WORK# _____

CO-APPLICANT DL# _____ DOB _____ CO-APPLICANT SSN: _____

Please provide copy of TDL

DESCRIPTION OF SERVICE: (EX. BROWN DW MH, W/WHITE TRIM, RED BRICK HOUSE, WHITE FRAME HOUSE, SHOP,ETC.)

YOUR SIGNATURE INDICATES ACCEPTANCE OF ALL RESPONSIBILITY, LIABILITIES AND ASSETS FOR THE ABOVE CAPTIONED ACCOUNTS.

COPY OF VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED PICTURE IDENTIFICATION REQUIRED FOR EACH SIGNATURE. IDENTIFICATION IS SUBJECT TO VERIFICATION AND VALIDATION VIA CREDIT REPORTING AGENCY.

MEMBER SIGNATURE

CO-APPLICANT SIGNATURE