



QUESTIONS:
P: 903 455 1715
E: MemberCare@FarmersElectric.coop

EMAIL OR FAX THIS FORM TO:
E: MemberCare@FarmersElectric.coop
F: 903 453 0784

OR MAIL THIS FORM TO:
MemberCare
Farmers Electric Cooperative
2000 Interstate 30 East
Greenville, TX 75402

MEMBERSHIP RELEASE FORM

DIRECTIONS: SAVE APPLICATION TO YOUR COMPUTER TO EDIT OR PRINT. PLEASE COMPLETE ALL FORM INFORMATION, SIGN, AND RETURN ALONG WITH YOUR COMPLETED UPDATE ACCOUNT INFORMATION FORM. YOU MAY RETURN YOUR FORM BY EMAIL, FAX, OR MAIL TO THE ADDRESS ABOVE. IF YOU NEED ASSISTANCE, PLEASE CONTACT MEMBER CARE.

Account Number:

I, _____, relinquish all rights, privileges, monies, or credits associated with the above stated account as well as all rights, privileges, monies, or credits associated with any other account attached to this membership to (print the name of who you are releasing to:)
effective on this date: _____.

Member Signature: _____ Date: _____

Printed Name as it appears on Bill Statement: _____

STATE OF _____

COUNTY OF _____

On this day of _____, 20____ before me personally came _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged that he/she executed it.

WITNESS my hand and official seal.
(Notary Seal/Stamp)

Notary Public Signature: _____

My Commission Expires: _____