



Mail Address: 2000 IH-30 East, Greenville, TX 75402

Email: MemberCare@FarmersElectric.coop

Office: 903-455-1715 or 800-541-2662

Fax: 903-453-0784

Membership Release Form

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 at any one of the addresses given above. If you need assistance, please contact Member Care. Thank you.

Account No.: _____

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: _____