



**QUESTIONS:**  
P: 800 541 2662  
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: