



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

UPDATE ACCOUNT INFORMATION

DIRECTIONS: MEMBER-OF-RECORD, PLEASE COMPLETE THE MEMBER SECTION FOR ANY CHANGE REQUEST AND SIGN THIS FORM. IF ADDING A CO-MEMBER, PLEASE COMPLETE THE CO-MEMBER SECTION INCLUDING SIGNATURE. YOU MAY RETURN YOUR FORM BY EMAIL, FAX, OR MAIL TO THE ADDRESSES ABOVE. IF YOU NEED ASSISTANCE, PLEASE CONTACT MEMBER CARE.

CHECK THE CHANGE THAT APPLIES AND PROVIDE SUPPORTING DOCUMENTATION IF STATED. REQUESTS MAY BE SUBJECT TO A CREDIT ASSESSMENT.

Add Co-Member + complete Co-Member Release form if applicable.

Estate of: please provide Death Certificate. Enter Member's information at the Member section and enter Executor or Administrator information in Co-Member section

Guardianship or Power of Attorney: please provide Durable Power of Attorney or legal proof of guardianship. Attorney-in-fact or Guardian, please enter Member information in Member's section and add your information to the Co-Member section.

Last Name (Surname) Change: provide legal document supporting the name change. Complete Member section using new name.

Surviving Spouse Request to Update Membership: please provide Death Certificate and complete the Member section.

Update my billing, contact, personal, or location information.

PART A: MEMBER INFORMATION

Account Number:		Member Name (Last, First, Middle):			
Estate Of (if applicable)			Billing Address:		
Home Phone (Area Code):	Work Phone (Area Code):	Cell Phone (Area Code):	Email Address:		
—	—	—			
Social Security No. (Complete #):	DOB (mm/dd/yyyy):	DL#:	DL State:		

PART B: CO-MEMBER INFORMATION

Member Name (Last, First, Middle):					
Home Phone (Area Code):			Work Phone (Area Code):		Cell Phone (Area Code):
—			—		—
Email Address:					
Social Security No. (Complete #):	DOB (mm/dd/yyyy):	DL#:	DL State:		

PART C: SERVICE LOCATION

911 Address if different from Billing Address:

Description: (e.g., shop, home, barn, house)

YOUR SIGNATURE CONSTITUTES YOUR ACCEPTANCE OF ALL PROVISIONS RELATING TO THE RIGHTS, POWERS, TERMS, CONDITIONS, OBLIGATIONS, RESPONSIBILITIES, AND LIABILITIES OF MEMBERSHIP, SEVERALLY OR JOINTLY IN CASES OF A CO-MEMBERSHIP.

Member Signature:	Co-Member Signature:
Printed Name:	Printed Name:
Date:	Date: