

Request for Service Disconnect/Transfer

Return completed form to info@medinaec.org.

This application is also available to complete online at MedinaEC.org/NewService.

MEMBER INFORMATION

	111011				
Member/Account Name:					
Designated Representative	on File (if applicable):				
Account Verification: Please	provide either the last	four of your Social	Security Numb	oer or your Fede	ral Tax ID Number.
Last four of SSN:	Federal Tax ID:				
Request for:					
disconnect of electric se	rvice effective as of:		(date)		
transfer of electric service	ce effective as of:	(da	ate) to		(name)
To Transfer servi	ce, the new member is	required to apply fo	or EACH existi	ng meter they ar	e taking over.
Application is found at Med their application, and Medir member must be received be they are needing to ensure the	na EC cannot provide t efore we can transfer so	them with those nu ervice. Please ensur	mbers. All appl	lications / deposi	its for the new
For transfers: If the new mo		it paperwork or de	posits, at what	date do you war	nt the meter(s) dis-
connected in your name? D			1.1	4	.11
If service is disconnected, the vice in their name.	new member will still s	submit all applicatio	ons and deposits	s. At that time, w	e will reconnect ser-
	ATION				
ACCOUNT INFORM	AATION				
Member Number:					
This includes: all mete	ers on this membership	p only certa	in meters on th	is membership	
Meter number(s):					
MEMDED ACUNON	HEDOMENIT A	ND AUTHODI	ZATION		
MEMBER ACKNOW					() 1 1 1
I authorize Medina Electric Coo effective date indicated above. I Electric. I understand I am resp agree to pay all outstanding bal	operative, Inc. to disconn understand my request v onsible for any outstandi ances owed to Medina El	nect or transfer my ele will be processed whe ing account balance(s lectric by the bill due	n all paperwork of the formal paperwork of the aforementate.	the account and m and/or fees are rec entioned members	neter(s) listed by the seived by Medina ship and meter(s) and
Please forward a copy of my		Name:			
		Address 1:			
		Address 2: City & State:			
	C	Zip:			
Authorized Signer:		-		Date:	
Printed Name:				2 400	
Please select your designatio	n: Member	Designated Repro	esentative	Other	

Termination or transfer of service can only be requested by the account holder due to privacy policies. In the event of the account holder's incapacitation, death, or a change of business ownership, legal documentation is required to prove that a person requesting termination or transfer of service is the legal representative of the account holder. Requests for disconnection or transfer of electric service received at the beginning of the week may be completed within the same week under normal circumstances.