



Franklin Electric Cooperative

www.fecoop.com

RUSSELLVILLE OFFICE: P O BOX 10 - 225 W FRANKLIN STREET - RUSSELLVILLE, AL 35653 - PHONE: 256-332-2730 FAX: 256-332-2753
RED BAY OFFICE: P O BOX 386 - 904 4TH STREET NW - RED BAY, AL 35582 - PHONE: 256-356-4413 FAX: 256-356-9709

TRANSFER OF ACCOUNT AUTHORIZATION

Date : _____

Reason for Transfer: _____ Death of Account Holder

_____ Divorce _____ Marriage

I, _____, do hereby authorize Franklin Electric Cooperative to transfer

the account, membership & electric deposit of _____

at account number _____

**Existing Account
Holder Signature:** _____

_____ Date

Last 4 digits of Social Security Number _____

Phone Number _____

New Account Holder Information:

Name: _____
FIRST MIDDLE LAST

Billing Address: _____

City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Social Security # : _____ Date of Birth: _____

Driver's License # : _____ E-mail Address: _____

Place of Employment: _____ Emergency Contact: _____

By execution of my signature below, I understand I am responsible for any existing balance, as well as any amounts or charges hereafter incurred on the account listed in this document.

**New Account Holder
Signature:** _____

_____ Date

*This request must be completed in person at a Franklin Electric Cooperative office.

* New Account holder must provide a valid Driver's License/Photo ID and Social Security Number.

FEC Office Use Only:

APPROVED BY _____

DATE _____

COMPLETED BY _____

DATE _____