



# Request for Service Disconnect/Transfer

Return completed form to [info@medinaec.org](mailto:info@medinaec.org)

## MEMBER INFORMATION

Member/Account Name: \_\_\_\_\_

Designated Representative on File (if applicable): \_\_\_\_\_

Request for:  disconnect of electric service effective as of: \_\_\_\_\_

transfer of electric service effective as of: \_\_\_\_\_ to \_\_\_\_\_

Account Verification: Please provide either the last four of your Social Security Number or your Federal Tax ID

Number. Last four of SSN: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

## ACCOUNT INFORMATION

Member Number: \_\_\_\_\_

Meter number(s):  all meters on this membership /  only the meters listed below

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## MEMBER ACKNOWLEDGEMENT AND AUTHORIZATION

I authorize Medina Electric Cooperative, Inc. to disconnect or transfer my electric service for the account and meter(s) listed by the effective date indicated above. I understand my request will be processed when all paperwork and/or fees are received by Medina Electric. I understand I am responsible for any outstanding account balance(s) for the aforementioned membership and meter(s) and agree to pay all outstanding balances owed to Medina Electric by the bill due date.

Please forward a copy of my final bill to: Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please select your designation:  Member  Designated Representative  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.*

## FOR OFFICE USE ONLY

Received by Medina EC Representative: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

Electric Account paid in full?  Yes  No

Remaining Balance: \$ \_\_\_\_\_

Misc. Receivable account paid in full?  Yes  No

Remaining Balance: \$ \_\_\_\_\_