

Request for Service Disconnect/Transfer

Return completed form to info@medinaec.org

MEMBER INFORMATION				
Member/Account Name:				
Desiginated Representative on File (if applications)				
Request for: disconnect of electric service				
transfer of electric service et			·0	
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ACCOUNT INFORMATION				
Member Number:				
Member Number:				
MEMBER ACKNOWLEDGEMENT AND AUTHORIZATION				
I authorize Medina Electric Cooperative, Incometer(s) listed by the effective date indicated work and/or fees are received by Medina Elebalance(s) for the aforementioned membersh Medina Electric by the bill due date.	above. I underst ctric. I underst nip and meter(and I am rest and I am rest s) and agree t	uest will be proposed to the p	ocessed when all paper- y outstanding account anding balances owed to
Please forward a copy of my final bill to:	Name:			
	Zip:			
Authorized Signer:				Date:
Printed Name:				
Please select your designation: Member	Design	ated Represe	ntative \Box	 Other
Termination or transfer of service can only be requested by the account business ownership, legal documentation is required to prove that a pe Requests for disconnection or transfer of electric service received at the	t holder due to privacy rson requesting termin	policies. In the event ation or transfer of so	of the account holder	esentative of the account holder.
FOR OFFICE USE ONLY				
Received by Medina EC Representative:				
Electric Account paid in full? Yes No		_	\$	
Misc. Receivable account paid in full? \square Yes \square No	Ren	naining Balance:	\$	