

West Florida Electric

A Touchstone Energy® Cooperative 
The power of human connections

NAME CHANGE FORM

MEMBER #: _____

DATE: _____

Name change due to:	MARRIAGE	DIVORCE	SPELLING	OTHER
Changing name from:	_____			
	(PLEASE PRINT)			
Changing name to:	_____			
	(PLEASE PRINT CURRENT NAME AS IT APPEARS ON DRIVER LICENSE)			

Current Address: _____

PHONE NUMBER: _____ CELL NUMBER: _____

DRIVER LICENSE # _____

SOCIAL SECURITY # _____

THIS FORM IS USED TO REPLACE THE ORIGINAL RECEIPT ISSUED FOR A REFUND IN FULL FOR MEMBERSHIP FEE(S) AND/OR METER DEPOSIT(S) PAID BY THE MEMBER WHOSE MEMBER NUMBER APPEARS ON THIS FORM. RECEIVED BY THE WEST FLORIDA ELECTRIC COOPERATIVE ASSOCIATION, INC., WHOSE POST OFFICE ADDRESS IS GRACEVILLE, FLORIDA.

AUTHORIZED SIGNATURE: _____

WHEN COMPLETED MAIL TO: WEST FLORIDA ELECTRIC COOPERATIVE
P.O. BOX 127
GRACEVILLE, FL 32440

COPY OF DRIVERS LICENSE ATTACHED

COPY OF SOCIAL SECURITY CARD ATTACHED

FORM ISSUED BY:	_____
DISTRICT:	10
	11
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