



Mail Address: P.O. Box 250 Bonham, TX 75418

Email: memberservices@fcec.coop

Office: 903-583-2117 or 800-695-9020

Fax: 903-583-7384

Membership Release Form

Please complete all form information, sign and return along with your completed Update Account Information form. You may return your form by email, fax or mail at any one of the addresses given above. If you need assistance, please contact Member Care

Account No.: _____

I, _____, relinquish all rights, privileges, monies or credits associated with the above stated account as well as to any other account attached to this membership to (name of individual you are releasing to or transferring to) _____.

Member Signature: _____ **Date:** _____

Printed Name as it appears on Bill Statement: _____

STATE OF _____

COUNTY OF _____

On this day of _____, 20_____ before me personally came _____
_____, proved to me on the basis of satisfactory evidence to be the person
whose name is subscribed to this instrument and acknowledged that he/she executed it. WITNESS my hand and official seal.

(Notary Seal/Stamp)

Notary Public Signature

My Commission Expires: _____