

Arab Electric Cooperative



Customer Information – Application for Transfer of Service

Personal Information

Full Name: _____
Last First M.I.

New Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Previous address: _____
Street Address City State Zip Code

Mailing address: _____
Street Address City State Zip Code

Social Security Number : _____ Birth Date: _____

License No: State () No. _____ Employer: _____

Joint Applicant

Full Name: _____ Birth Date: _____

Social Security: _____ Phone:() _____

License No: State () No. _____ Employer: _____

Is joint applicant on previous account ? Yes No

*** Schedule Date to Turn on Service at New Location:**

____ / ____ / ____
MM DD Year

*** Schedule Date to Turn off Service at Previous Location:**

____ / ____ / ____
MM DD Year

*NOTICE: Service cannot be left on at both locations for longer than 10 days without posting an additional deposit.

Member Signature: _____

Member Signature: _____

Emergency Contact Information

Full Name: _____ Phone: () _____
Last First M.I.

PICTURE ID IS REQUIRED Please present with completed application to the customer service representative.

***Enroll in E-Statements:** Yes No Email: _____

***Enroll in Bank Draft:** Yes No * Please present a voided check if enrolling in bank draft

Routing Number: _____ Bank Account Number: _____