

This institution is an equal opportunity provider and employer.

P. O. Box 2430 Bay St. Louis, MS 39521

Name Change due to Marriage

married. I request Coast Electric	o change the name of my electric accountfro
1	(Account #)
	to(Print Name)
(Print Name)	(Print Name)
and I do hereby transfer the mem	pership fee, accrued capital credits, consumer deposit and interest to
my married name.	
Date	Signature
Date	Witness
**DI	
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*Please include in addition to thi	form a copy of the marriage certificate.
*Please include in addition to thi Please complete information be	
Please complete information be Member Information	ow:
Please complete information be Member Information Social Security No.	ow:
Please complete information be Member Information Social Security No Home Phone No	ow:
Please complete information be Member Information Social Security No Home Phone No Cell Phone No	ow:
Please complete information be Member Information Social Security No Home Phone No Cell Phone No Email	ow:
Please complete information be Member Information Social Security No. Home Phone No. Cell Phone No. Email Relative's Name	ow:
Please complete information be Member Information Social Security No Home Phone No Cell Phone No Email	ow:
Please complete information be Member Information Social Security No. Home Phone No. Cell Phone No. Email Relative's Name	ow:
Please complete information be Member Information Social Security No Home Phone No Cell Phone No Email Relative's Name Relative's Phone No Spouse's Information	ow:
Please complete information be Member Information Social Security No Home Phone No Cell Phone No Email Relative's Name Relative's Phone No	ow:
Please complete information be Member Information Social Security No Home Phone No Cell Phone No Email Relative's Name Relative's Phone No Spouse's Information	ow:
Member Information Social Security No. Home Phone No. Cell Phone No. Email Relative's Name Relative's Phone No. Spouse's Information Spouse Name	ow:
Member Information Social Security No. Home Phone No. Cell Phone No. Email Relative's Name Relative's Phone No. Spouse's Information Spouse Name Social Security No.	ow:
Please complete information be Member Information Social Security No. Home Phone No. Cell Phone No. Email Relative's Name Relative's Phone No. Spouse's Information Spouse Name Social Security No. Home Phone No. Cell Phone No.	ow:
Please complete information be Member Information Social Security No Home Phone No Cell Phone No Email Relative's Name Relative's Phone No Spouse's Information Spouse Name Social Security No Home Phone No	ow:
Please complete information be Member Information Social Security No. Home Phone No. Cell Phone No. Email Relative's Name Relative's Phone No. Spouse's Information Spouse Name Social Security No. Home Phone No. Cell Phone No. Email	ow: