



P. O. Box 359
Kiln, MS 39506

Name Change due to Marriage

This document is to certify that I am a member of Coast Electric Power Association and I have recently married. I request Coast Electric to change the name of my electric account _____ from _____ (Account #)

_____ to _____
(Print Name) (Print Name)

and I do hereby transfer the membership fee, accrued capital credits, consumer deposit and interest to my married name.

_____ Date

_____ Signature

_____ Date

_____ Witness

**Please include in addition to this form a copy of the marriage certificate.*

Please complete information below:

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 _____
Relative's Name _____
Relative's Phone No. _____

Please mail your completed form to Coast Electric, c/o billing department, P.O. Box 359, Kiln MS 39556.

This institution is an equal opportunity provider and employer.