

ACCOUNT # _____ LOCATION: _____ METER # _____

**NORTHERN RIO ARRIBA ELECTRIC COOPERATIVE, INC.
CUSTOMER-REQUESTED DISCONNECT**

Notice is hereby given to Northern Rio Arriba Electric Cooperative, Inc. that the undersigned party or parties whose current service is recorded in the name(s) of:

Primary Account Holder (NAME) (SOC SEC. NO)

Spouse or Secondary (NAME) (SOC. SEC. NO)

IS / ARE HEREIN REQUESTING A:

- SERVICE DISCONNECT (3 Working Days Minimum Notice)**
(You cannot disconnect with any outstanding contracts or ETS Unit Leases)
- SERVICE ACCOUNT NAME CHANGE**
- MEMBERSHIP TERMINATION**
- DISCONNECT / REMOVE SECURITY LIGHT**
(Can NOT void 5 year service agreement)

EFFECTIVE ON: _____
(DATE)

I/We agree to pay to Northern Rio Arriba Electric Cooperative, Inc. any and all outstanding bills not yet received but owed on this account. The correct billing address for any subsequent billing, Capital Credit Refunds, or other Refunds is:

(NAME)

(FORWARDING ADDRESS)

(CITY/STATE/ZIP CODE)

(TELEPHONE NO.)

(SIGNATURE) (DATE)

(SIGNATURE) (DATE)

Please note: If the effective connect date or disconnect date is during the billing period there will be a system charge of \$24.00 plus tax implemented. Please be aware of these charges when disconnecting or transferring an account. Thank you.

By signing I acknowledge the system charge fee X _____

FOR OFFICAL USE ONLY:	
CHECKED ANCILLARY: _____	CHECKED DETAIL (MIN BILL): _____

NOTARY:

On this _____ day of _____, 20____, before me appeared _____ to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledge that _____ executed the same as _____ free act and deed.

WITNESS my hand and official seal the day and year last above written.

My commission expires _____
Notary Public _____

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NOTARY:

On this _____ day of _____, 20____, before me appeared _____ to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledge that _____ executed the same as _____ free act and deed.

WITNESS my hand and official seal the day and year last above written.

My commission expires _____
Notary Public _____