

Incomplete forms cannot be processed



(NWEC only) Form rec'd _____

PATRONAGE CAPITAL CREDIT RECORD UPDATE

If you were previously a member of NWEC, please fill out and return this form. Address updates will be processed pending match of social security or federal ID number.

All address updates must be done in writing.

Name: _____

If Individual, please list first, middle, and last names. If Business, please list complete company name.

Spouse's Name: _____

Previous NWEC Service Address: _____

Address City State Zip Code

Current Address: _____

Address City State Zip Code

Phone Number: _____ Email: _____

Social Security Number **(Required for Individuals)**: XXX-XX-_____ (last 4 numbers only)

Federal ID Number **(Required for Businesses)**: ____--_____ (nine digits)

Signature **(Required)**: _____