

Account Transfer Form



Please transfer my current residential service at this address:

Customer Name: _____

Service Address: _____

City, State, Zip: _____

ESI-ID/Account No.: _____ / _____

Date that service should be turned off: ___/___/___ (must be at least 5 business days from today)

____ **Please send my final bill to my new address listed below.**

New address:

Billing address:

Service Address: _____

City, State, Zip: _____

E-mail: _____

Phone #: _____

Date that service should be turned on: ___/___/___ (must be at least 5 business days from today)

If you are currently set up on Auto ACH, please complete a new Direct Payment Form for your new address and return with this transfer form. This information cannot be transferred from your existing account.

I understand that I am authorizing Champion Energy Services, LLC to become my new Retail Electric Provider (REP) in place of my current REP, if applicable, at my new location. I am at least 18 years of age and legally authorized to change REPs for the addresses listed above. I agree to comply with all of the terms and conditions in my original Champion Energy Services Residential Agreement.

Signed: _____

Printed Name: _____

Date: ___/___/___

Please note that your new address will have a new account number. You can request this information from customer service by emailing support@championenergyservices.com or make a note upon receipt of your first bill.

Please fax this form to 281.653.5080 or e-mail to support@championenergyservices.com.