



4915 S US Highway 77, P.O. Box 130 • La Grange TX 78945
979.242.5911 | 800.242.5911 | info@coloradovally.com
cvctx.com

Deceased Member: _____

Membership No.: _____ Disconnect Date: _____

RELEASE

I am the duly authorized personal representative of the above named deceased member of Colorado Valley Telephone Cooperative, Inc.

In order to close the legal and financial affairs of the named deceased member and receive the accumulated capital credit account of the deceased member, I assign and contribute any of said deceased member's capital credits not yet determined and allocated to the Colorado Valley Telephone Cooperative, Inc.'s scholarship fund and upon such allocation, do hereby **RELEASE** Colorado Valley Telephone Cooperative, Inc. from any further liability or action in the matter.

Dated: _____

Relation to Deceased: _____

Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

***IF YOU WISH **NOT** TO RELEASE THE YEAR(S),
PLEASE MARK THROUGH THIS FORM. **DO NOT SIGN.*****

OFFICE USE ONLY

Year(s) Released: _____ Service Order #: _____