



Request to Add / Remove Associated Customer

Office Use Only			
Clerk Initials		Account Number	
Primary Identification Checked?	YES <input type="checkbox"/>	Explained Terms & Conditions?	YES <input type="checkbox"/>
Associated Identification Checked?	YES <input type="checkbox"/>	Documentation Scanned?	YES <input type="checkbox"/>

Primary Customer

Account Information

Primary Name: _____ Account Number: _____

Service Address: _____
Street Address

Primary Customer Agreement

Terms & Conditions
<input type="checkbox"/> I understand that by adding an associated customer to the account, the associated customer will have <i>full</i> authorization to inquire about the bill, make payments and any changes requested to the account. The changes that can be made on the account include but are not limited to, termination of utility services, mailing address updates and/or recurring payment information.
<input type="checkbox"/> I understand that by removing the associated customer from the account, this person will no longer have authorization on the utility account and that I will assume all financial responsibility for the utility account.

Signature _____ Date _____



Request to Add / Remove Associated Customer

Associated Customer

Associated Customer

Add Remove

Name: _____ DOB: _____

Last Four of Social: _____ Driver's License Number _____

Email Address: _____

Added Associated Customer Agreement

Terms & Conditions

I understand that by signing this document, I am assuming financial responsibility for the account with the primary customer.

Signature _____ Date _____

Removed Associated Customer Agreement

Terms & Conditions

I understand that by signing this document, I am no longer financially responsible for this utility account.

I understand that after the date printed on this request, I will no longer be permitted to access information about this account.

I understand that any/all contributions for payments or deposits will be forfeited to the account and the account holder. I will not receive reimbursement for funds paid thus far.

Signature _____ Date _____