



Terms and Conditions

All requested changes impact on the communication and fiscal responsibility of the account. I understand that by signing this document, I am assuming the responsibility for the account with the primary account holder. *I acknowledge, should the primary account holder become deceased or incarcerated, the associated customer becomes the primary account holder.*

Associated Customer's Signature _____ Date: _____

Primary Account Holder's Signature _____ Date: _____

Removal of Associated Customer

Associated Customer: _____
Please print the associated customer's name.

Terms and Conditions

By signing this document, I will be considered as a former associated customer to the account and will no longer have access to the account after submission of this document to Utility Billing & Collections. Moreover, all payments, including the deposit(s) and possible refunds, are forfeited to the account and the primary account holder.

Associated Customer's Signature _____ Date: _____

*Validation: Driver's License _____
or last 4 SSN _____ or Tax ID # _____ of Associated Customer being removed from account: