ACCOUNT RESPONSIBILTY & DEPOSIT TRANSFER AUTHORIZATION

Date: _____ Account #: _____ District: _____

Current Account Holder Info

Name: _____

Address: _____

Phone #: _____

Email: _____

Social #: _____

New Account Holder Info

Name: _____

Address: _____

Phone #: _____

Email: _____

Social #: _____

Mailing Address: _____

Relationship to Account Holder: _____

Customer Acknowledgement

I/We understand and agree to the following:

1. The current account holder remains responsible for all charges, fees, and usage incurred through the effective transfer date.
2. The remaining deposit balance, if any, will transfer to the new account holder for service.
3. The new account holder accepts full responsibility for all utility charges, fees, and obligations beginning on the approved transfer date.
4. Valid identification may be required from both parties prior to processing.

I hereby authorize Wayne Water Districts to transfer my utility deposit, associated with the account listed above, into the name of the new account holder listed on this form.

Current Account Owner

_____ _____

Account Owner Signature **Date**

New Account Owner

_____ _____

Account Owner Signature **Date**

Wayne Water Validation

As an official representative of Wayne Water Districts, I certify that this document meets all WWD policies & requirements and can be executed as stated above.

_____ _____

WWD Representative Signature **Date**

Transfer Effective Date: _____