



UTILITY BILLING

**UTILITY DEPOSIT TRANSFER**

*This form is for current customers who have an active account.*

**(PART A) THIS SECTION TO BE COMPLETED BY THE CURRENT CUSTOMER**

Current name on account \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby relinquish my utility deposit and transfer it to \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**(PART B) THIS SECTION TO BE COMPLETED BY THE NEW CUSTOMER**  
**Two forms of identification are required at least one must be a photo I.D.**

Legal Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your Social Security# \_\_\_\_\_ Your DL \_\_\_\_\_ State \_\_\_\_\_

Spouse/Co-Occupant Legal Name \_\_\_\_\_

Their Phone \_\_\_\_\_ Their Social Security # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Their Phone \_\_\_\_\_

Please list a password for your account \_\_\_\_\_

And a reminder, in case you forget your password: \_\_\_\_\_

I hereby certify that this information is truthful and accurate. I understand that a transfer deposit fee will be added to my first monthly bill. I further understand that failure to pay my bill will result in my service being disconnected and my account will be turned to a collection agency if I do not pay my final bill. I will be responsible for any additional collection fees, charges and/or legal fees incurred in the collection of the debt.

Signature \_\_\_\_\_

Date \_\_\_\_\_