



Public Water Supply District No. 2



AUTHORIZATION OF DEPOSIT TRANSFER

Service ID Number: _____ Service Address: _____

Name(s): _____

Current Deposit on File: \$ _____

I, _____, hereby authorize transfer of the above Utility Deposit presently on file with Public Water Supply District No. 2 of Cass County, Missouri to: _____.

I understand that I will remain responsible for all water bills due through the next billing cycle (* as listed below). I further understand that all designated Existing occupants and/or new occupants receiving my Utility Deposit will also be equally responsible for all previous and current charges accrued and for all charges accrued up until the day they cancel water service out of their name(s). Any outstanding balance left unpaid by myself or the existing occupants for service charges through the next billing cycle will be cause for disruption of their current water services. I also acknowledge that all outstanding delinquencies must be paid before any future water services can be established under our names with Public Water Supply District No. 2 of Cass County, Missouri.

Signature: _____

Date: _____

Printed Name: _____

Forwarding Address: _____

Telephone Number: _____

For Office Use Only

Received by: _____ Effective Date: _____

Due Date of Next Billing Cycle: _____