

ACCOUNT TRANSFER FORM

OLD ACCOUNT HOLDER:

NAME _____
ADDRESS _____
CITY _____ **STATE** _____
ZIP CODE _____

ACCOUNT NUMBER _____
USER NUMBER _____
TRANSFER DATE _____

NEW ACCOUNT HOLDER:

NAME _____
ADDRESS _____
CITY _____ **STATE** _____
ZIP CODE _____

PHONE NUMBER _____
SSN _____
DLN _____

911 ADDRESS (IF DIFFERENT THAN MAILING ADDRESS):

ADDRESS _____
CITY _____ **STATE** _____
ZIP CODE _____

METER SERIAL NUMBER _____ **DEPOSIT TRANSFERS** YES NO

REASON FOR TRANSFER:

OLD ACCOUNT HOLDER'S SIGNATURE:

NEW ACCOUNT HOLDER'S SIGNATURE:

FOR OFFICE USE ONLY:

AMOUNT OF NEW DEPOSIT _____
DATE DEPOSIT PAID _____
DEPOSIT RECEIPT NUMBER _____

AMOUNT OF DEPOSIT REFUNDED
TO OLD ACCOUNT HOLDER _____
DATE DEPOSIT REFUNDED _____
CHECK NUMBER _____