



Public Water Supply District No. 2



AUTHORIZATION FOR JOINT ACCOUNT

Service ID Number: _____ Service Address: _____

Name(s): _____

Current Deposit on File: \$ _____

I, _____, hereby authorize _____ to be added to my Service Account as the co-applicant.

I understand that this makes us both jointly responsible for any charges accrued to the above account. I also understand that once this account is made joint, any changes to the account will require approval by both myself and the co-applicant from this day on. I understand the above deposit is now jointly ours and that removal of either of our names from this account will result in the finalization of this joint account and will require a new application and deposit for a new single account. By my signature below, I authorize these changes and agree to these terms.

Signature: _____ Date: _____
Printed Name: _____

Co-Applicant's required information: Copy of Current Driver's License or Missouri Picture ID _____
Social Security Number: _____ Date of Birth: _____

I, _____, accept the above conditions and authorize myself to be the co-applicant to the above Utility Account with _____.

I have read and agree to the terms. I understand that acceptance of my name on this joint account does make me jointly responsible for any outstanding balances due on this account prior to this day as well as any future charges as long as this joint account is active. I understand that any changes made to this account will require joint approval and removal of either of our names will require finalization of this joint account and a new application and deposit for a new single account. By my signature below, I authorize these changes and agree to these terms.

Co-Applicant's Signature: _____ Date: _____
Printed Co-Applicant's Name: _____ Additional Telephone Number: _____
Email Account: _____

For Office Use Only

Received by: _____ Effective Date: _____
Entered information into computer: _____