



AUTHORIZATION FOR JOINT ACCOUNT

Account # _____ NAME _____

CURRENT DEPOSIT ON FILE:

ELECTRIC \$ _____
WATER/SEWER \$ _____
TOTAL \$ _____

CO-APPLICANT'S REQUIRED INFORMATION:

COPY OF CURRENT DRIVER'S LICENSE OR MO. PICTURE ID
SOCIAL SECURITY # _____
DATE OF BIRTH: _____

I, _____, hereby authorize _____
to be added to my City of Harrisonville Utility Account as the co-applicant.

I UNDERSTAND 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. ANY ESTABLISHED GOOD CREDIT EARNED BY MYSELF PRIOR TO THIS DATE WILL ALSO BE AFFECTED BY ANY FUTURE DELINQUENCIES TO THIS JOINT ACCOUNT. I FURTHER UNDERSTAND ANY GOOD CREDIT ESTABLISHED JOINTLY, WILL NOT APPLY TO EITHER OF US SEPARATELY. BY MY SIGNATURE BELOW I AUTHORIZE THESE CHANGES AND AGREE TO THESE TERMS.

SIGNATURE X _____ DATE _____

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

I HAVE READ AND AGREE TO THE ABOVE TERMS. I UNDERSTAND THAT ACCEPTANCE OF MY NAME ON THIS JOINT ACCOUNT, DOES MAKE ME JOINTLY RESPONSIBLE FOR ANY OUTSTANDING BALANCE 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. I ALSO UNDERSTAND THAT ANY GOOD CREDIT ESTABLISHED BY THE ORIGINAL APPLICANT PRIOR TO THIS DATE ONLY APPLIES TO THIS JOINT ACCOUNT, IT WILL NOT CARRY OVER FOR MYSELF ON ANY FUTURE ACCOUNT I MAY HAVE WITH THE CITY OF HARRISONVILLE, MISSOURI. I FURTHER UNDERSTAND ANY GOOD CREDIT ESTABLISHED JOINTLY, WILL NOT APPLY TO EITHER OF US SEPARATELY. BY MY SIGNATURE BELOW I AUTHORIZE THESE CHANGES AND AGREE TO THESE TERMS.

CO-APPLICANT SIGNATURE X _____ DATE _____