



## AUTHORIZATION OF DEPOSIT TRANSFER

Account # \_\_\_\_\_ / ADDRESS \_\_\_\_\_

NAME(S) \_\_\_\_\_

CURRENT DEPOSIT ON FILE = \$ \_\_\_\_\_

I \_\_\_\_\_, hereby authorize transfer of the above Utility Deposit presently on file with the City of Harrisonville, MO to; \_\_\_\_\_.

I UNDERSTAND THAT I WILL REMAIN RESPONSIBLE FOR ALL UTILITY 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 UTILITY SERVICES 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 UTILITY SERVICES, AS WELL AS, CAUSE FOR THE DELINQUENCIES TO BE TURNED OVER TO THE THREE MAJOR COLLECTION AGENCIES IN EACH OF OUR NAMES. I ALSO ACKNOWLEDGE THAT ALL OUTSTANDING DELINQUENCIES MUST BE PAID BEFORE ANY FUTURE UTILITY SERVICES CAN BE ESTABLISHED UNDER OUR NAMES WITH THE CITY OF HARRISONVILLE, MISSOURI.

SIGNATURE x \_\_\_\_\_ DATE \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

### FOR OFFICE USE ONLY:

RECEIVED BY x \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

\*DUE DATE FOR NEXT BILLING CYCLE \_\_\_\_\_