

City of Lowell, NC  
**JOINT ACCOUNT CHANGE FORM**

DATE: \_\_\_\_\_ SERVICE ADDRESS: \_\_\_\_\_ ACCT #: \_\_\_\_\_

**CITY OF LOWELL NOTATION:** *This form is required to be completed in-person by both joint application holders with valid picture identification. Completed or pre-signed forms by either party will not be accepted.*

**DEPOSIT:** *If there is still a deposit on the joint account, both original applicants are in agreement by signing this form to allow the deposit to remain on the future applicant's account and the removed applicant releases any ownership of the deposit. If this is not agreed upon by both parties, this form will not be used. At that point, the account must be closed and any potential refund check will be written in both original applicant's names and mailed to the mailing address on the original joint account. The future applicant will then need to fill out a new service application, pay the \$50 new account activation fee, and place another \$150 deposit on the new account if they are renting. The future applicant will need to provide proof of ownership in order for the City of Lowell to waive their \$150 deposit. The removed original account holder will be required to fill out a termination of water service form in order for their name to be removed from the original joint account if closed due to the deposit disagreement.*

**CONSUMPTION/BALANCE:** *Both parties on the original joint account are responsible for any consumption and balances thereof prior to the effective date and/or current billing cycle, whichever may apply.*

**ACH DRAFT:** *If the joint account was drafted via ACH and the future account holder wants to continue the ACH draft, a new ACH form must be completed for future payments on the account.*

**FUTURE ACCOUNT HOLDER INFORMATION (All information below is required.)**

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**REMOVED ACCOUNT HOLDER INFORMATION (All information below is required.)**

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_