



CITY OF ARCHDALE

307 BALFOUR DRIVE
P.O. BOX 14068
ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141 FAX: (336) 431-2130

TRANSFER OF ACCOUNT RESPONSIBILITY FORM

Purpose: To transfer responsibility for payment of the City of Archdale water/sewer account when the account holder is deceased and another person; at the premises, executor, or administrator of the estate is willing and able to assume responsibility for past, current, and future charges for the account. In such events, no service initiation fee will be charged as no field service representative will be dispatched to obtain a meter reading and since the new customer will assume responsibility for all water used at the premises by the former customer.

I, _____, am assuming responsibility for the account below.
(Print Name)

Account Number: _____

Service Address: _____

Former Account Name: _____

*Social Security: _____

Drivers' License: _____

Mailing Address: _____

(If different from above)

Home/Cell Phone Number: _____

E-Mail Address: _____

Signature

Date

*Social Security number could be used for fraud prevention and collection purposes thru North Carolina Debt Setoff Clearing House.

*Pursuant to G.S.105 A-3(c) and G.S. 143-64.60(b), Personal information collected by the City of Archdale will only be used to ensure proper identification in the pursuit of delinquent charges. In no case will the information be shared, sold or otherwise made available from public inspection. The disclosure of an applicant's social security number is voluntary.

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Office use only: Account on bank draft: Yes ___ No ___ Deposit on account: Yes ___ No ___
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