

OWNER RESPONSIBILITY TRANSFER FORM

I request the transfer of account number which was previously listed to .

**\*\*\* PLEASE READ CAREFULLY \*\*\***

**The transfer will take effect in the next months billing. If automatic payments are active for the current account holder, the payment may still draft.**

By signing this agreement, I will assume **FULL RESPONSIBILITY** of all billing due now and in the future for this account. This may include unbilled charges made by the previous owner prior to this date.

It will be my responsibility to collect from the previous owner any balance due incurred prior to this date. When I request to keep the same number, the billing remains continuous.

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**Signature of New Owner Date**

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**Printed Name of New Owner Phone Number**

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**Billing Street Address City/State/Zip Code**

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**Social Security Number Date of Birth Email Address**

I have agreed to the above named party keeping the services that were previously listed to me. I also understand that some charges of mine may still appear on the new owners billing. It will be my responsibility to pay these charges to the new owner(s).

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**Signature of Previous Owner Date**