Name Change Authorization Letter

Date:	
l,	, do hereby authorize Hartselle
Utilities to transfer account number	
into tl	he name of
due to	I authorize
any deposits on said account to be transferred to the	ne above named individual.
To complete this transfer, the new accoun	t holder is required to provide this form, in
person, with his/her driver's license and his/her soci	ial security number at Hartselle Utilities' main
office located at 1010 Sparkman Street NW Hartsell	le, Alabama 35640. Further, the new account
holder understands that they will be responsible for	r any existing balance on the account number
listed in this document.	
Existing Account Holder:	
Signed:	Date:
Telephone Number:	-
Last 4 digits of Social Security Number:	-
New Account Holder:	
Signed:	Date:
Telephone Number:	