

TAHLEQUAH PUBLIC WORKS AUTHORITY

NAME CHANGE

ACCOUNT# _____

OLD NAME/CUSTOMER 1: _____

NEW NAME/CUSTOMER 2: _____

CUSTOMER 1 SIGNATURE: _____

DATE: _____

CUSTOMER 2 SIGNATURE: _____

DATE: _____

TRANSFER OF DEPOSITS

_____ HAS MY PERMISSION TO TAKE MY
DEPOSITS WITH THE ACCOUNT.

SIGNATURE: _____

DATE: _____

ADDRESS CHANGE

CURRENT MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

SIGNATURE: _____

DATE: _____