



**Tillsonburg Customer Service Centre**  
10 Lisgar Ave ~ Tillsonburg, ON N4G 5A5  
Tel: 519-842-9200 Fax: 519-688-0759  
www.tillsonburg.ca

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**AUTHORIZATION TO ADD AN ADDITIONAL NAME TO AN ACCOUNT**

Date: \_\_\_\_\_

Account No: \_\_\_\_\_

Current Name on Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby authorize and request that:

Name:  
**please print** \_\_\_\_\_

Identification: \_\_\_\_\_

be added to my account.

We, the undersigned, understand that we are jointly responsible for the account. Any deposit on file will be held in both names.

Signature: \_\_\_\_\_  
**current account holder**

Signature: \_\_\_\_\_  
**additional account holder**

This authorization is in effect until cancelled in writing by both parties.