



Change of Responsibility

I, We, _____, hereby give notice to HCTC that I/We are no longer responsible for service(s) _____ and hereby authorize you to change the responsibility for this service from _____ to _____.

Billing Number(s)

I/We will accept responsibility for charges to this service until _____ at which time service is to be DISCONNECTED if the responsibility has not been assumed by the parties named above.

Date

Member's Signature

Date

Spouse's Signature

Date

I/We, _____, hereby agree to assume full responsibility for all previous charges of any nature billed to billing number(s) _____ and agree to pay all charges billed to such number in the future while under my/our responsibility.

I/We further understand and agree that HCTC has no responsibility to divide local, long distance or any other charges. Any division of charges is entirely the responsibility of the parties involved in this Change of Responsibility.

I/We further understand that services will be disconnected as set out above if all papers and required monies are not received at HCTC by the disconnect date set above.

Member's Signature

Date

Member's Title/Business Name

Member's Signature

Date