

Authorized signature of accepting party

60590 Decatur Road P.O. Box 127 Cassopolis, MI 49031

> 800.492.5989 teammidwest.com

ACCOUNT RESPONSIBILITY CHANGE FORM-(ARC)

Current Information	New Information
(Business or Individual Name) has now come under new ownership. The current owners or individuals will no longer be responsible for any charges on the	
number or services listed above after the following date: The following person(s) will be assuming control over this account and associated services as listed here. Services to be transferred:	
Signatures to authorize transfer:	
I release this account and associated services listed above effective(date).	
I assume responsibility for any costs incurred from services rendered <i>prior</i> to this date.	
re of releasing party	Date
I accept responsibility for this account and associated services listed above effective date of	
I assume responsibility for any costs incurred from services rendered on or after this date.	
	ailing address for previous owner if different owners or individuals will no longer listed above after the following date: of over this account and associated services listed above of the individuals will no longer be over this account and associated services ferred: Shorize transfer: Int and associated services listed above of the individuals will no longer be over the following date: on the individuals will no longer be over the individuals will not be over the individuals will not be over the individuals will not be over the individual will not be over the

Date