

# AUBURN WATER SYSTEM, INC

3097 LOCKE LN  
CRESTVIEW, FL 32536  
850-682-1258 OR 850-682-3413 ~ FAX 850-398-6643



## REQUEST FOR DEPOSIT LOCATION TRANSFER

CURRENT ACCOUNT HAS TO HAVE A \$ 0.00 BALANCE & A \$ 40.00 TRANSFER FEE HAS TO BE PAID

<b>PRESENT LOCATION:</b>		
<hr/>		
CUSTOMERS NAME (PLEASE PRINT)	CUSTOMERS NAME (PLEASE PRINT)	
<hr/>	<hr/>	
DEPOSIT AMOUNT	DEPOSIT DATE	TODAY'S DATE
<hr/>	<hr/>	<hr/>
ACCT #	RT/METER #	DATE TO TURN OFF
<hr/>	<hr/>	<hr/>
SERVICE ADDRESS		
<hr/>		
FINAL BILLING OF OLD ADDRESS WILL BE MAILED SEPARATELY		

<b>NEW LOCATION &amp; UPDATED CUSTOMER INFORMATION:</b>		
<hr/>		
ACCT #	RT/METER #	DATE TO TURN ON
<hr/>	<hr/>	<hr/>
SERVICE ADDRESS		
<hr/>		
SOCIAL SECURITY#	DRIVERS LICENSE #	DATE OF BIRTH
<hr/>	<hr/>	<hr/>
HOME PHONE #	CELL #	WORK PHONE #
<hr/>	<hr/>	<hr/>
BILLING ADDRESS		
<hr/>		
EMPLOYER		
<hr/>		
CUSTOMERS SIGNATURE	CUSTOMERS SIGNATURE	
<hr/>	<hr/>	
<b><u>PLEASE INCLUDE A COPY OF DRIVERS LICENSE(S)</u></b>		

<b>OFFICE USE ONLY:</b>		
<b>TRANSFER FEE PAID BY: <input type="checkbox"/> CASH    <input type="checkbox"/> CHECK    <input type="checkbox"/> DEBIT/CREDIT CARD    <input type="checkbox"/> MONEY ORDER</b>		
<hr/>		
TURN ON SERVICE ORDER #	TURN OFF SERVICE ORDER #	DATE COMPLETED
<hr/>	<hr/>	<hr/>
CUSTOMER SERVICE REP (PLEASE PRINT)	CUSTOMER SERVICE REP SIGNATURE	
<hr/>	<hr/>	