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 \$ 35.00 TRANSFER FEE HAS TO BE PAID

PRESENT LOCATION:			
CUSTOMERS NAME (PLEASE PRINT)		CUSTOMERS NAME (PLEASE PRINT)	
DEPOSIT AMOUNT	DEPOSIT DATE		TODAY'S DATE
ACCT#	RT/METER #		DATE TO TURN OFF
SERVICE ADDRESS FINAL BILLING OF OLD ADDRESS WILL BE MAILED SEPARATELY			
NEW LOCATION & UPDATED CUSTOMER INFORMATION:			
ACCT#	RT/METER #		DATE TO TURN ON
SERVICE ADDRESS			
SOCIAL SECURITY#	DRIVERS LICENS	SE #	DATE OF BIRTH
HOME PHONE #	CELL#		WORK PHONE #
BILLING ADDRESS			
EMPLOYER			
CUSTOMERS SIGNATURE		CUSTOMERS SIG	GNATURE
PLEASE INCLUDE A COPY OF DRIVERS LICENSE(S)			
OFFICE USE ONLY:			
TRANSFER FEE PAID BY: CASH CHECK DEBIT/CREDIT CARD MONEY ORDER			
TURN ON SERVICE ORDER # TURN OFF SERVICE ORDER # DATE COMPLETED			
CUSTOMER SERVICE REP (PLEAS	SE PRINT)	CUSTOMER SER	EVICE REP SIGNATURE
			REVISED JANUARY 20, 2011