



AUBURN WATER SYSTEM, INC



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

Request For Account Name & Deposit Transfer

If this form is not filled out at Auburn Water System it must be notarized & a copy of driver license(s)

Current Customer Information:

Account # _____ Rt/Meter # _____ Today's Date _____

Deposit Amount _____ Deposit Date _____ Transfer Date _____

Service Address _____

Account & Deposit Currently In The Name Of (Please Print) _____

Account & Deposit To Be Transferred To The Name Of (Please Print) _____

I, _____, (Please Print) understand that by signing the **Request for Water Acct. & Deposit Name Transfer** I am relinquishing any past, current, unbilled or future charges and claims to this account, membership or deposit.

Have this section filled out and signed by the Account Holder unless a Death Certificate is attached. Death certificate attached? D Yes D No?

Customers Signature _____ Witness/Notary _____

New Customer Information:

I, _____, (Please Print) understand that by signing the **Request for Water Account & Deposit Name Transfer** I accept the responsibility for all past, current, unbilled or future charges/water bills for this account at this service address while the membership and deposit is in my name. I understand my responsibility begins immediately.

Customers Signature _____ Witness/Notary _____

Account # _____ Rt/Meter # _____ Today's Date _____

Service Address _____

Social Security # _____ Divers License # _____ Date Of Birth _____

Home Phone # _____ Cell # _____ Work Phone # _____

Billing Address _____

Revised 01-20-11

Customer Service Representative Signature _____ Date _____

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