

AUBURN WATER SYSTEM, INC

3097 LOCKE LN
CRESTVIEW, FL 32536
850-682-3413 OR 850-682-1258 ~ FAX 850-398-6643
cs@auburnwatersystem.com



REQUEST FOR DEPOSIT LOCATION TRANSFER

CURRENT ACCOUNT HAS TO HAVE A \$0.00 BALANCE & A \$45.00 TRANSFER FEE HAS TO BE PAID

PRESENT LOCATION:			_____
			TODAYS DATE
_____	_____	_____	_____
CUSTOMER NAME (PLEASE PRINT)	LAST 4 OF SS#	CUSTOMER NAME (PLEASE PRINT)	LAST 4 OF SS#
_____	_____	_____	_____
ACCT #	DEPOSIT AMOUNT	DEPOSIT DATE	TURN OFF DATE
SERVICE ADDRESS			

FINAL BILLING OF OLD ADDRESS WILL BE MAILED SEPERATELY			

NEW LOCATION & UPDATED CUSTOMER INFORMATION:			_____
			TURN ON DATE
SERVICE ADDRESS			

MAILING ADDRESS			

IF YOU WOULD LIKE E-BILLING PLEASE PROVIDE YOU EMAIL ADDRESS			

_____	_____	_____	_____
HOME PHONE#	CELL#	DRIVERS LICENSE #	
_____	_____	_____	_____
ACCT#	DATE OF BIRTH		
_____	_____		
CUSTOMER SIGNATURE		CUSTOMER SIGNATURE	
_____		_____	
PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE			

CS INT. _____