

Eatonton-Putnam Water & Sewer Authority Application for Service

Customer Name _____

Business Name (if applicable) _____

Service Address _____

Mailing Address _____

Home Phone# _____ Cell Phone# _____

Landlord's Name and Phone Number (LEASE AGREEMENT MUST BE PROVIDED)

Have you had previous service with EPWSA? _____ Please list addresses: _____

Do you wish to sign up for bank draft on this acct? _____ (Please attach voided check or deposit slip)

I wish to receive my bill by: _____ Email _____ Paper Statement

Email Address _____

It is the responsibility of the customer to notify EPWSA of any e-mail address changes or if you wish to discontinue paperless billing. If you do not receive your statement via e-mail you must contact EPWSA for amount owed.

By my signature below, I acknowledge that I have received a copy of the Customer Account Policy and understand and agree to abide by all payment policies of the Eatonton-Putnam Water and Sewer Authority.

Customer Signature _____ Date _____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250

OFFICE USE ONLY

Amount of Deposit: _____ Date Paid: _____ Cash _____ Check _____ Credit Card _____

Type of Service: _____ Residential _____ Commercial _____ Other. If Transfer _____ CSR Initials _____

