

WPWA - Current Resident Update Form

Account Holder Name and SSN _____

Service Address: _____

Name(s) of All Other Adults Currently in Household:

Contact Phone Number(s):

Employer: _____

Employer Phone Number: _____

How Would You Like to Receive Your Bill?

Mail Email

Mailing Address: _____

Email Address: _____

Would You Like to Enroll into Auto Draft Payments?

Yes No

This payment option has no service fee, and automatically pull from your account on the 10th, or following business day of every month.

If Yes, Ask Clerk for Form.

Emergency Contact Name, and Phone Number:

I declare that the details above are true and correct to the best of my knowledge

Signature

Date