

SOUTH GRANVILLE WATER AND SEWER AUTHORITY

revised 02/09 rb

Authorization for Account Access

phone 919-575-3367 / fax 919-575-4547

Office Use Only:

Acct# : _____

Processed: _____

Date: _____

Date: _____

Customer Name: _____ SS# _____

DOB _____

DL State _____

DL# _____

Service Street Address: _____

Service City, State Zip: _____

Telephone Numbers: (Home) _____ (Cell) _____

If acct is in business name, owner/contact info:

Name _____ SS# XXX-XX- _____ DOB _____

If others allowed to inquire about your account, list names/info:

Name _____ SS# XXX-XX- _____ DOB _____

Name _____ SS# XXX-XX- _____ DOB _____

I hereby authorize the individuals listed above to have limited access to my account information. I understand that they can make inquiries about my account; however they cannot make major changes to my account or close my account. I further understand that authorizing these individuals for limited access does not in any way transfer liability or responsibility for my account and that I am solely responsible for my account.

Signature: _____ **Date:** _____

Verify identity of customer and make a copy of the drivers license and social security card (or other documents) if not already on file.

Office Use Only: Notary Public Certification

State of North Carolina County of Granville

I, _____, a notary public for said State and County,

Do hereby certify that _____
personally appeared before me this date and acknowledged
the due execution of this form.

Witness my hand and official seal this the ____ day of _____, 20__

Signature of Notary _____

My commission expires _____