

Town of Spring Lake
 300 Ruth Street
 Spring Lake, NC 28390
 Email:
waterdepartment@townofspringlake.com



Phone: (910) 703-8912

Acct# _____

UTILITY SERVICES CHANGES/UPDATES

Application Type: Disconnection Service Transfer

Applicant/Business Name: _____
First Middle Last

Cut-on
 Date: ___/___/___

Current Service Address: _____

Cut-off
 Date: ___/___/___

Mailing Address(For changes & forwarding): _____

Disconnection
 Date: ___/___/___

Primary Phone #: _____ Cell Phone #: _____

Email Address: _____

Social Security # or Federal ID #: _____ License/ID # & State: _____

N.C.G.S. § 105A-3 (c) Authorizes the Town of Spring Lake to obtain Social Security numbers. Social Security numbers are given on a voluntary basis and are used to collect any debt that may be owed to the town.

<p>This form must be completed in its entirety in order to disconnect your Utility Service with the Town of Spring Lake. If this form is not filled out completely, it will be considered null and void and the services will not be disconnected until a complete form is received. Once complete, you may mail, email, or bring the form in. Be advised that a final bill will be mailed to the forwarding address you provide. The person listed as the primary account holder will be held responsible for all water used until we receive written notice of cancellation of service</p>	<p>REMINDER: If You utilized Automatic Bank Draft, please fill out the cancellation form on the back of this form to have that service stopped.</p>
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Also, be advised that depending on when you final the account, you may receive two bills after you vacate: your normal bill and your final bill. You are still responsible for paying all bills until your final bill is generated. YOU WILL RECEIVE A FINAL BILL (WHICH WILL STATE "FINAL BILL") -- THIS BILL WILL INCLUDE YOUR FINAL CONSUMPTION UP TO YOUR DISCONNECT DATE. Bank draft customers: Final bill will be drafted from your account.

I understand that my security deposit will be applied to the final bill. I agree to pay any interim bills prior to the final bill. If that balance is not paid by the 18th, my account will be assessed a \$25.00 late fee. If the final bill is less than the security deposit, a refund check will be mailed to the forwarding address provided on this form. I understand that the refund will be mailed within six to eight weeks of having service disconnected.

If the security deposit is less than the final bill, I agree to pay the balance due in full by the due date indicated on the final bill. I understand that failure to pay the balance due by the requested date will result in the account being turned over to a collection agency. I also agree to pay any collection or legal fees incurred by the Town of Spring Lake in collecting the balance of the account.

SIGNED: _____ DATE: _____

FOR OFFICE USE ONLY
CSR Received: _____ Date: _____
Balance before final bill \$ _____ Paid: YES ___ NO ___

Cancellation of Bank Draft

This is my request to the Town of Spring Lake to CANCEL my automatic debit from the the following account:

PERSONAL INFORMATION		
Name (Please Print)	Mailing Address	
Service Address	Name of Financial Institution	
Utility Account Number(s)	City, State, Zip	
Telephone Number	Bank Routing Number	Bank Account Number
E-mail address		

~~ATTACH COPY OF VOIDED CHECK HERE~~

I request the Town of Spring Lake Water Department to cancel my utility bill from being sent to the above-named financial institution for direct payment from my account each month for the balance owed. By submitting & signing this request, I attest that I have reviewed and agree to the terms and conditions of the Town of Spring Lake Bank Draft Cancellation Policy. If the form is received 30 days prior to the next scheduled billing draft, all future drafts will be canceled. If this form is not received 30 days prior to the next scheduled draft, the current months deduction will be processed but all subsequent months drafts will stop. This request will be in effect allowing reasonable time to act on my notification.

Signature: _____

Date: _____

PLEASE RETURN TO THE WATER DEPARTMENT VIA IN PERSON OR BY MAIL



The Town of Spring Lake
 Water Department
 300 Ruth Street
 Spring Lake, NC 28390
 Phone: (910) 703-8912
waterdepartment@townofspringlake.com

FOR OFFICE USE ONLY Date _____ Received CSR _____
