REQUEST FOR SERVICE DISCONNECT

Name_____ **Account #** _____

DL # _____ **Social Security #** _____

Service Address _____

Forwarding Address _____

(Circle One) Are you on autopay (automatic bank draft) YES ☐ ***or NO*** ☐

Requested Disconnect Date _____ **Phone #** _____

Identification verified (internal use only) _____

I am the account holder or authorized agent and am requesting service be disconnected at this service address on or after the date and time requested. I understand that if there are any changes to the disconnect date, I must notify Wayne Water Districts PRIOR to the field technician being dispatched or a $30 service fee will apply. I further understand that a final bill for service through the disconnect date will be sent on the next billing date. Any account balance for this service address or any other closed accounts in my name will be deducted from my deposit. I am responsible for any charges not covered by the deposit. If a deposit refund is due, it will not be sent to the forwarding address until after the final bill is mailed.

Signature _____ **Date** _____

THIS DOCUMENT MUST BE VALIDATED BY WAYNE WATER DISTRICTS TO ACT AS PROOF OF DISCONNECT REQUEST.

Wayne Water District is authorized by North Carolina General Statutes, Chapter 105A-2 (6), The Setoff Debt Collection Act (the "Act") to submit uncollected debt to the North Carolina Department of Revenue for collection by applying the debt against any individual income tax refund in excess of $50 that you may be entitled to receive. The North Carolina Department of Revenue will charge an additional $15.00 collection assistance fee.