REQUEST FOR NAME CHANGE

Name _____ Acct #_____

Service Address _____

Current Name _____

New Name_____

Social Security # _____

Effective Date_____

Phone # _____

Identification verified (internal use only) _____

I am the account holder or authorized agent and am requesting my name be changed on the account.

Signature _____

Date _____

THIS DOCUMENT MUST BE VALIDATED BY WAYNE WATER DISTRICTS TO ACT AS PROOF OF NAME CHANGE.

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.