

SMITH'S CROSSING RURAL WATER ASSOCIATION

POST OFFICE BOX 956
MAGEE, MISSISSIPPI 39111
(601)849-4631 FAX: (601)849-4821

REQUEST FOR TURN OFF

DATE: _____

REQUESTED BY: _____

NAME ON THE ACCOUNT: _____

PHONE: _____ ACCOUNT #: _____

(SERVICE ADDRESS): _____

FORWARDING ADDRESS:

APPLICANT SIGNATURE

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**REQUEST FOR CHANGING FOR MAILING
ADDRESS**

DATE: _____

REQUESTED BY: _____

PHONE: _____ ACCOUNT #: _____

(SERVICE ADDRESS): _____

NAME OF THE ACCOUNT: _____

NEW MAILING ADDRESS: _____

APPLICANT SIGNATURE

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**REQUEST FOR DEPOSIT
TRANSFER**

DATE: _____

REQUESTED BY: _____

PHONE: _____ ACCOUNT #: _____

(SERVICE ADDRESS): _____

NAME OF THE ACCOUNT: _____

DEPOSIT CHANGE:

DEPOSIT TRANSFER AMOUNT: _____

FROM ACCOUNT: _____ TO ACCOUNT: _____

REASON FOR CHANGE: _____

***ALL BALANCES MUST BE PAID BEFORE A TRANSFER OF DEPOSIT IS COMPLETE

APPLICANT SIGNATURE

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**REQUEST FOR ADDING A NAME TO AN
ACCOUNT**

DATE: _____

REQUESTED BY: _____

PHONE: _____ ACCOUNT #: _____

(SERVICE ADDRESS): _____

NAME ON THE ACCOUNT: _____

ADD NAME: _____

APPLICANT SIGNATURE

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**REQUEST FOR CHANGE OF
BANKDRAFT**

DATE: _____

REQUESTED BY: _____

NAME OF THE ACCOUNT: _____

PHONE: _____ ACCOUNT #: _____

(SERVICE ADDRESS): _____

CHANGE BANKDRAFT: _____

APPLICANT SIGNATURE