

**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 \_\_\_\_\_