



900 Bay Area Boulevard
Houston, Texas 77058
281/488-1164 Fax 281/488-3400

CLEAR LAKE CITY WATER AUTHORITY

NAME CHANGE FORM

(Please Note: This form is for utility (water/sewer) account changes, it cannot be used to make changes to any Tax Account.
To update Tax accounts, contact the Harris Central Appraisal District)

Date: _____

Account #: _____

Service Address: _____

Current Account Holder: _____

New Name on Account: _____

Billing Address (if different from Service Address): _____

Phone #: _____

Email: _____

SS#: _____

Effective Date: _____

I, _____, account holder of the above property, would like to change the information indicated above and release any responsibility of the CLCWA for said changes on the stated account. *

*Please provide appropriate documentation for the name change.
(ie. Marriage, divorce, death certificate)

All accounts must be brought up to the current CLCWA deposit policy (R&S-120) when any changes are made; therefore, an additional deposit amount may be required to change the name on the account/utility bill. Deposit Balance Due: \$ _____ *

*The current required deposit amount is available by calling 281-488-1164 or on the website at www.clcwa.org under the "Customer Service" – "Setup New or Disconnect Service" tab. The balance due will be the difference in the deposit amount on the account and the current deposit policy (R&S-120)

Signature

Date

- Attach a copy of the new account holder's driver's license.

ONE (1) TIME CREDIT CARD AUTHORIZATION

By signing this form, you give us permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____ (Cardholder), authorize
_____ (Merchant) to charge my credit card
(as indicated below) for \$ _____ on _____ (mm/dd/yyyy).

This payment is for the following: _____.

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

CREDIT CARD INFORMATION

Card Type: ☐ Mastercard | ☐ VISA | ☐ Discover | ☐ AMEX | ☐ Other _____

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

CARDHOLDER SIGNATURE

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: _____ Date: _____

Printed Name: _____

***** There will be a 3.5% processing fee assessed *****