



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: \_\_\_\_\_

Effective Date: \_\_\_\_\_

... account holder of the a

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: \$ \_\_\_\_\_ \*

Deposit Balance Due: \$\_\_\_\_\_\*

\*The current required deposit amount is available by calling 281-488-1164 or on the website at [www.clcwa.org](http://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 \*\*\*\*\*