WATER AND SEWERAGE AUTHORITY

CASH TRANSFER REQUEST

Please complete this form in **(BLOCK LETTERS)** and attach copies of your payment receipt(s).

NAME OF CUSTOMER

Surname First name Other

PREMISE DETAILS

No. _____ Lot _____ LP _____ Mile Mark _____

Street _____

Street _____

Town/ City _____

Telephone Contact (1) [ ] **E-mail Address** _____

Telephone Contact (2) [ ] @ _____

Notice *: By providing your contact details, you agree that the Water and Sewerage Authority ("the Authority") may use your mobile number or email address to send you automated alerts and important notifications regarding your account, service interruptions, or billing matters via SMS, WhatsApp, or email.*

TRANSACTION DETAILS

CASH PAID TOWARDS INCORRECT ACCOUNT ID: [ ]

CASH TO BE TRANSFERRED TO CORRECT ACCOUNT ID: [ ]

PAYMENT DATE	*RECEIPT NUMBER*	*AMOUNT*
1)		$
2)		$
3)		$
4)		$
5)		$

REMARKS

_____

_____

_____

_____

Identification

_____ National ID / Driver's Permit / Passport No.

_____ National ID / Driver's Permit / Passport No.

Exp. Date [ ] [ ] [ ] Day Month Year

Exp. Date [ ] [ ] [ ] Day Month Year

_____ **Customer Name** (BLOCK LETTERS)

_____ **Customer Signature**

_____ **Date**

_____ **Customer Service Representative**

_____ **Supervisor Signature**

_____ **Date**