



Water Utility Management, LLC.

28 Abercorn Street - Savannah, GA 31401

WWW.WATERGA.COM



CUSTOMER CONTACT INFORMATION

Service Location Address (911 Address): _____

Lot Number (if Known): _____

Customer Name: _____

Additional Authorized Contact 1: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Primary Phone Number 2: _____ **Email Address 3:** _____

Opt-in to receive text notifications from WUM:

Which method of bill delivery would you prefer? *

eBill (Paperless) Paper Billing

Verification Information:

Driver's License #: _____ State: _____

Customer SSN or EIN ⁴: _____ **Date of Birth:** _____

Your information will never be sold or used for marketing purposes.

¹ All authorized contacts are required to verify the same information as the account holder.

² WUM uses an automated call-out system that will alert you in the event of an emergency or planned service interruption.

Please provide a reliable phone number to receive these notifications.

³ WUM sends utility bill notices and customer communications by email. eBills contain a snapshot including your bi-monthly bill amount due, account information, and a link to login to the **Customer Portal** to complete your secure payment. Through the payment portal, you can see full account and billing details, including all account history. Card and eCheck autopay can be setup and managed by the customer on the **Customer Portal**. Card payments do incur a 3.65% processing fee. If eCheck autopay is setup and managed through the **Customer Portal** then a fee of \$1.95 per transaction may apply. Recurring ACH bank drafts do not incur an additional fee if ACH paper form is completed and submitted to WUM, but to cancel or change information you will need to submit a request to customer care. Form can be found by visiting our **website**.

⁴Individuals can provide their social security number, businesses can provide an Employer Identification Number (used to verify account).

By subscribing to our service, you consent to our Terms and Conditions of Service. These are available for your review on our [website](http://www.WaterGA.com), www.WaterGA.com. For questions or concerns, please contact our office at (912) 352-9339.

Print Authorized Name: _____

Authorized Signature: _____ Date: _____

Please return this form to our office by one of the following methods:

Mail: PO BOX 1526
Savannah, GA 31402

Email: customercare@WaterGA.com

Fax: (912) 355-4466