

CHANGE REQUEST FORM

Dickinson WCID
2750 FM 517 Road East
P. O. Box 307
Dickinson, TX 77539
Phone: (281) 337-1576

For Office Use:

Account No.: _____

Request Completed Date: _____

INSTRUCTIONS:

Attach a copy of photo identification (required).

Complete the attached form and submit it along with the required documentation by email to customerservice@dickinsonwcidtx.gov or drop in 24-hour drop box located at 2750 FM 517 Rd East, Dickinson, TX 77539.

ALL BLANKS MUST BE COMPLETED BEFORE THE FORM WILL BE ACCEPTED.

ACCOUNT INFORMATION: Today's Date: _____

Account Number: _____

Account Holder Name: _____

Service Address: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____

Email Address: _____

TYPE OF CHANGE REQUESTED:

☐ CANCEL BANK DRAFT

Note: Any changes to bank draft information need to be made at least 7 days prior to the due date of the current bill.

☐ CHANGE MAILING ADDRESS

New Mailing Address: _____

☐ MISCELLANEOUS (Please describe change below)

CUSTOMER'S SIGNATURE DATE