



CHANGE REQUEST FORM

(effective September 8, 2023)

Along with form you will need:

- Photo Identification

CHANGE REQUEST FORM FOR GALVESTON COUNTY WCID NO. 1

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

Account No.: _____
Amount of Deposit/Receipt: _____ / _____
Request Completed Date: _____

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: _____

Attach photo identification of account holder.

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