



13031 E Caley Ave, Centennial, CO 80111
303-790-4830 • acwwa.com

(Email to: billpay@acwwa.com or Fax: 303-790-9364)

ACCOUNT AUTHORIZATION

ACCOUNT NUMBER: _____

OWNER NAME: _____

BILLING ADDRESS: _____

SERVICE ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ E-MAIL _____

I WOULD LIKE TO RECEIVE AN INVOICE VIA: EMAIL MAIL BOTH

I, _____, give ACWWA authorization to provide the Person/Company listed below
the following item(s) concerning my account (Check all that apply):

- Balance and Charges Online Access Mail Invoice (Duplicate bill fee) Email "E-Invoice" (No fee)

NAME / COMPANY: _____ RELATIONSHIP _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ E-MAIL _____

PLEASE REMOVE _____ FROM THE PROPERTY LISTED ABOVE.
PREVIOUSLY AUTHORIZED PERSON/COMPANY

THE OWNER OF THE PROPERTY REMAINS ULTIMATELY LIABLE FOR SUCH CHARGES STATED IN SECTION 6.4.4 OF ACWWA'S RULES AND REGULATIONS.

Owner Signature

Date

Owner Printed Name