



Service Transfer Request Form

In accordance with WMUC policy any past due balance on your current service address must be paid in full before service can be transferred. Additionally, a \$20 transfer fee will be added to your next bill.

CURRENT ACCOUNT INFORMATION (PLEASE PRINT)

Name on Account: _____
Service Address: _____
Phone: _____ Social Security #: _____
Person Requesting Transfer: _____ Turn Off Date: _____

NEW SERVICE ADDRESS (PLEASE PRINT)

Street: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Turn On Date: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____
Completed By: _____ Date: _____
AVO#: _____ Date Turned Off: _____