



Change of Billing Address Form

In accordance with WMUC Policy Article 8.4: Failure to receive a bill shall not release a customer from payment obligations.

ACCOUNT INFORMATION (PLEASE PRINT)

Name: _____

Address: _____

Account Number: _____ Phone: _____

NEW BILLING INFORMATION (PLEASE PRINT)

Mail To: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Email: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____

Completed By: _____ Date: _____