

## CITY OF PORT WENTWORTH Georgia

7224 GA Highway 21 | Port Wentworth, Georgia 31407 Phone (912) 964-4379 | Fax (912) 966-7429 www.cityofportwentworth.com

## **CHANGES TO EXISTING ACCOUNTS**

Authorized Agent- Signature	 Date	 Account #
Signature of Co-Applicant	Date	
Signature of Applicant	Date	
□ Change Email		
☐ Change Phone n	umber	
☐ Change Mailing (	address	
□ Remove ACH Dro	ıft	
	•	ecount over without the Primary Applicant esent with the Co-applicant for this change.
If the Primary Applican	t is present with Id	entification, they can remove Co-Applicant -Applicant being present.
☐ Add or Remove A	• •	o-Applicant from Account –
□ Name Change –	Provide a copy of	f Identification with name change.