



CUSTOMER SERVICES DIVISION
 P.O. BOX 568 ALBUQUERQUE, NM 87103
 www.abcwua.org

Main: (505)842-WATR (9287) / DT Fax: (505)289-3062 / NWSA Fax: (505)289-3332

BUDGET BILLING ENROLLMENT FORM

****Form will NOT be processed unless all information is complete****

Customer Information					
Date:		Water Authority Account Number:			
Property Owners Name:			Phone Number:		
Service Address:					
Identification State:		Last four digits:		Expiration Date:	
<i>If an agent for the property owner is submitting the Budget Billing request, a document proving legal authorization is required. For example: POAs, Wills, Estate and Trust documents, Letter of Authorization, etc.</i>					

Budget Billing Information	
Please complete this form and submit to: ABCWUA, ATTN: CUSTOMER SERVICE DIVISION P.O. Box 568, Albuquerque, NM 87103-0568	
Budget Billing Enrollment Requirements:	
<i>Must be requested by the property owner of record</i> <i>Any leaks at the property are repaired</i> <i>The account is current</i>	<i>Must have a positive payment history for a year</i> <i>Have at least one year's worth of meter reads</i> <i>Low Income Credit recipients are ineligible</i>
<p>The Water Authority's Budget Payment Plan is a free service that evenly distributes and maintains consistency for the cost of your water, sewer, and refuse services over a twelve month period. Your monthly budget payment amount is based on the average twelve month consumption for the preceding twelve months. Budget Billing begins on the next billing cycle after your application is received and processed by the Customer Service Division.</p> <p>Participants are required to make on-time monthly payments for the entire twelve month period. Inconsistent payments will cause participants to be removed from the Budget Payment Plan and additional delinquency fees may apply. Effective every January, if it is found that the customer paid more or less than the actual twelve month billed charges, the over or under paid amount is adjusted to the estimated cost of the service for the following year's Budget Payment Plan. Customers with questions about Budget Billing may call a Customer Care Representative at (505) 842-9287 (WATR) for assistance.</p>	

By signing this form, I hereby authorize the Water Authority to enroll the property listed above in Budget Billing for Water, Sewer, and Refuse services. I understand that if I decide to discontinue this service at any time, I will notify the Water Authority.

Property Owner's Signature: _____ Date: _____

We are committed to excellent service and appreciate your business. THANK YOU.

FOR OFFICIAL USE ONLY					
Sent to Customer:	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
Employee's Name:			Date/Time:		
Received from Customer:	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
Employee's Name:			Date/Time:		
Processed by:				Date Processed:	
Comments:					