Dinwiddie County Water Authority

23008 Airpark Drive North Dinwiddie, Virginia 23803-6926

Telephone (804) 861-0998

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Robert G. Perkins
Board Member

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Board Member

F. Edward Pearson, II
Executive Director

The following account maintenance functions may be accomplished by completing the appropriate form and either scanning and attaching to an email or faxing to our office. The email address for forwarding this information is rcrumpler@dcwa.org and jsutton@dcwa.org.

- Authorization to Withdraw Funds for Automatic payment

  The Authority offers many options for payment including direct withdrawal from a checking account. Customers that choose this option will still receive a mailed copy of the bill on a monthly basis. The forms for this ability are:

  - Attachment 1 – Authorization to Withdraw Funds (Checking)
  - Attachment 2 – Authorization to Cancel Withdrawal of Funds

- Request to Discontinue Service

  When a customer moves from an address, they are required to notify the Authority the date the customer wants the service disconnected and provide a forwarding address for the final bill. In order to perform this function without coming to our Administration Office, the customer shall fill out the form below. Important Note: The customer's social security number must be on file. The last four digits of the customer's social security number are required for security to provide service disconnection without requiring the customer to come to the Administration Office. The person requesting the disconnection must be the name on the account or legal representative. Legal documents must already be on file showing this relationship or must be attached.

  - Attachment 3 – Request to Discontinue Service

- Request for Leak Adjustment

  When a customer has a leak, the customer may submit a leak adjustment form to see if a credit is warranted. The criteria for the credit is described on the form. To request a credit, the customer shall complete the leak request form, provide the date the leak was repaired and a copy of the receipts for either the repair and/or parts used to make the repair. Leak adjustments are not provided for a time period longer than three (3) months. Leak adjustments are provided the following month after the request is made. The reason for the time delay is that the Authority reads on a monthly basis for the previous month's consumption.

  - Attachment 4 – Adjustment for Water/Sewer Loss

- Change of Name and/or Mailing Address Request

  To change the name or mailing address on an account, please complete the form below. For security, the last four digits of the social security number of the name on the current account must be provided. This form is not used to set up new accounts for either tenants or new customers. For new customers, please complete the "Account Set up Package – Residential" under the [Accounting & Billing Information] section on the homepage, www.dcwa.org. Account set up requires an office visit, 23008 Airpark Drive, North Dinwiddie, VA 23803.

  - Attachment 5 – Change of Name and/or Mailing Address Request

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Authorization to Withdraw Funds (Checking)

I authorize Dinwiddie County Water Authority to withdraw funds from the following account and have enclosed a voided check to verify my account information:

Bank Name: _____

Name on Bank Account: _____

Bank Routing Number: _____

Bank Account Number: _____

Billing Account Name: _____

Billing Account Number: _____

Service Address: _____

_____

_____
Signature of Account Holder Date

_____
Signature of Account Holder Date

Date of Withdrawal: One Day Prior to Bill Due Date

Frequency of Withdrawal: Monthly

Amount of Withdrawal: Total Bill Amount Due

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Authorization to Cancel Withdrawal of Funds

I authorize Dinwiddie County Water Authority to cancel the withdrawal of funds from my checking account as follows:

Bank Name:_____

Bank Address:_____

Name on Bank Account:_____

Bank Routing Number:_____

Bank Account Number:_____

Billing Account Number:_____

Billing Account Name:_____

Service Address:_____

_____
City State Zip

_____
Signature of Account Holder Date

_____
Signature of Account Holder Date

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REQUEST TO DISCONTINUE SERVICE

ACCOUNT NUMBER: _____ DATE: _____

NAME ON ACCOUNT: _____

CUSTOMER NAME REQUESTING DISCONNECTION: _____

_____

SERVICE ADDRESS: _____

*FORWARDING ADDRESS: _____

_____

PHONE NUMBER: _____

TIME AND DATE REQUESTED FOR CUT OFF: _____

_____ _____
CUSTOMER SIGNATURE DATE

DATE SERVICE ORDER ISSUED: _____

SERVICE ORDER NUMBER: _____

_____
DCWA EMPLOYEE SIGNATURE DATE

***If you are remaining on the Dinwiddie County Water System, any remaining credit balance will be transferred to your new account.**

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Sec. 15-11 Adjustment for Water/Sewer Loss

When an adjustment form has been received for an adjustment for a water and/or sewer bill where an exceptional amount of water has been lost, an adjustment shall be made if loss exceeds 150% of the customer's monthly average usage for the previous three months and a loss is established. The adjustment shall be allowed for only the excess water lost above the three month average usage and shall be figured in the following manner: a credit shall be given for the difference in the original bill and a bill based on the three month average usage at regular rates, plus water use above the three month average usage charged at the rate of 20% above Authority cost and sewer use above the three month average usage charged at the rate of 20% above Authority cost.

Where water is not returned to the sewer, water only will be charged. Adjustments will only be allowed for losses not exceeding three months and only for leaks which have been repaired.

PLEASE PROVIDE RECEIPTS AS PROOF OF REPAIR.

Date _____ Account Number_____

Name: _____

Address: _____

_____

I am requesting a credit on my water and sewer bill due to the following reason:

_____

_____

The problem was fixed on _____.

_____
(Signature)

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Change of Name And Or Mailing Address Request

Date: _____

Account Number: _____

Name on Account: _____

New Name: _____

Reason For Change: _____

Service Address: _____

_____

New Mailing Address: _____

_____

Reason for Change: _____

Requested By: _____

Signature: _____

Changed by: _____Date: _____Time: _____