

## **Security Deposit Authorization**

Name:				
LAST		FIRST		MIDDLE INITIAL
Current Address:				
	STREET			
	СІТУ	STATE	ZIP	
Social Security #:			Dat	te of Birth:
Driver's License State:				
Driver's License #:				
Subscriber's score as a basis	Agreement. By its below sign for setting the Security Depo	ature, the Subscriber does hereby authorize the	Authority to conduct ss, based on the Suk	oscriber's personal credit history. The JCWSA credit
DATE:		WATER CUSTOMER'S SIGNATUR	RE:	

## Dear Customer,

Our credit decision on your application was based in whole or in part on information obtained in a consumer credit report. Because information from a consumer credit report was in used evaluating your credit request, you have the right under the Federal Fair Credit Reporting Act to receive a copy of this information at no charge if the request is made within sixty (60) days of receipt of this letter. This report can be obtained by writing directly to Equifax at the address below or calling the 800 number also listed:

Equifax Information Services P.O. Box 740241 Atlanta, Ga 30374 1-888-932-2324

The Credit reporting agency listed above played no part in our decision other than to provide us with credit information about you; therefore, they cannot explain why the decision was made. If, after receiving a copy of your credit file, you determine that the information is not accurate or complete, you have the right to ask Equifax to reinvestigate that information.

Thank you,

Jackson County Water & Sewerage Authority