

PO Box 130, Millersview, TX 76862 Phone 325-483-5438 <u>mdwsoffice@centex.net</u> m-dwsc.com

Alternate Billing Agreement for Rental Accounts

Member Name:	Account	#
-		

Member Mailing Address:

Member City, State & Zip: _____

I hereby authorize Millersview-Doole Water Supply Corporation to send all billing on my account to the Person(s) and address below until further written notice:

Renter:		
Mailing Address:		
City, State & Zip:		
Phone Number:	Cell #	

I understand that under this agreement, I will be given notice by the Corporation of all delinquencies on this account prior to disconnection of service. A notification fee shall be charged to the account in accordance with the provisions of the Corporation's Tariff.

I also understand that I am responsible to see that this account balance is kept current, as is any other Member of the Corporation. Should this account remain delinquent, water service will be subject to termination under the policies of the Corporation, and shall not be reinstated until all debt on the account has been retired.

Member Signature:

Date: _____