NORTH KAUFMAN WATER SUPPLY CORPORATION

3891 N STATE HWY 34 * PO BOX 870 * KAUFMAN, TEXAS 75142
972.962.7614

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

Name:_____ **Account No.**_____

Address:_____ **Telephone:**_____

_____

I hereby authorize North Kaufman Water Supply Cooperation to send all billings on my account to the person(s) and address below until further written notice:

Name:_____

Address:_____

_____

Phone:_____ Email:_____

I understand that under this agreement I will be given notice by the Corporation of all delinquencies on this account prior to the disconnection of service. A notification fee shall be charged to the account in accordance with the provisions of the Corporation 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 be disconnected, it shall not be reinstated until all debt on the account has been retired.

Signature:_____ Date:_____