Bethel-Ash Water Supply Corporation

PO Box 1385 Athens, Texas 75751 903-675-8466 FAX 903-677-5651

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

| NAME: | METER #: |
|---|---|
| ADDRESS: | ACCT #: |
| CITY: | _ |
| PHONE: | |
| I hereby authorize Bethel-Ash Water Supply Corporation person(s) and address below until further written notice: | to send all billings on my account to the |
| NAME: | |
| ADDRESS: | |
| CITY: | |
| PHONE: | |
| DATE BILLING TO BEGIN: | _ |
| I understand that under this agreement that I will be given on this account prior to disconnection of service. A notifi accordance with the provisions of the Corporation's Tarif | cation fee shall be charged to the account in |
| I also understand that I am responsible to see that this account in the Corporation. This account shall not be rein retired. | |
| Signature | Date |
| Signature | Date |