



5460 LAKEAIRE BLVD. TEMPLE, TEXAS 76502

PHONE (254) 986-2457 FAX (254) 986-2530

www.moffatwatersupply.com

"This institution is an equal opportunity provider."

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

| |
|---|
| SERVICE ADDRESS: _____ |
| ACCOUNT # : _____ CONTACT PHONE # : _____ |
| MEMBERSHIP NAME : _____ |

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

| |
|---|
| TENANT NAME : _____ |
| MAILING ADDRESS : _____ |
| CONTACT PHONE # : _____ |
| DATE SERVICE TO BEGIN : _____ METER READING : _____ |

I understand that under this agreement that 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 understand that if I request that my membership be canceled at this location, thereby discontinuing service to an occupied rental property, that the Corporation will provide the above listed person with written notice of disconnection five (5) days prior to the scheduled disconnection date.

I also understand that I am responsible to see that this account balance is kept current, as is any other account in the Corporation. This account shall not be reinstated until all debt on the account has been retired.

Member Signature : _____ Date : _____

Tenant Signature : _____ Date : _____

****Deferred payment agreements WILL NOT be extended to tenants unless written permission is presented by membership owner; the payment arrangement SHALL NOT extended past the final day of the current month's designated disconnection date.****