

Crescent Heights Water Supply Corporation  
P.O. Box 375  
Athens, TX 75751  
(903) 677-3946  
(903) 677-2992 Fax

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

NAME: \_\_\_\_\_

METER#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCT#: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE BILLING TO BEGIN: \_\_\_\_\_

I understand that under this agreement that I will be given notice by the Corporation of any delinquencies on this account prior to disconnection of service in accordance with the Corporations Tariff. It is my responsibility to provide accurate contact information to the Corporation. Failure to do so may result in disconnection of service.

I also understand that I am fully responsible for any and all unpaid bills left by the renter/lessee. This account shall not be reinstated until all debt on the account has been retired.

Signature \_\_\_\_\_  
(Member)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Renter/Lessee)

Date \_\_\_\_\_