



P.O. Box 245 Brownsboro, Texas 75756
8179 FM 279 Edom, Texas 75754
(903) 852-5055 office (903) 852-5058 fax

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

Property owner(s) must complete the following:

- Print name and contact number on top lines.
- Provide renter(s) information requested or allow completion by renter(s).
- Sign and date at the bottom. By signing you agree to the terms below and verify that the renter(s) information given is accurate.

PROPERTY OWNER(S) NAME: _____

CONTACT NUMBER: _____

Property Service Address: _____

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

Renters Name(s): _____

Mailing Address (for billing): _____

Contact Number: _____

Email: _____

PROPERTY OWNER AGREES TO THE FOLLOWING:

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.

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.

I understand that failure to maintain accurate account information or return this completed form to update account information will jeopardize the accounts status and be subject for disconnection. I understand that if account is disconnected, to reinstate service I will have to reapply for service as a new member and be subject to pay all costs associated for reinstatement, indicated in the re-service provisions in the current copy of the Water Supply Corporation Tariff.

Signature(s) _____

Date _____

****PLEASE RETURN COMPLETED FORM TO EDOM WSC OFFICE. ****