

**LIBERTY CITY WATER SUPPLY CORPORATION
ALTERNATE BILLING AGREEMENT
FAX 903-983-2452**

Name: _____

Address: _____ Acct. # _____

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

Please indicate below whether you wish to be notified if the account should become delinquent:

- YES.** I understand that under this agreement I will be given notice by the Corporation prior to disconnection of service. A notification fee shall be charged to the account in accordance with the provisions of the Corporation's Tariff.
- NO.** I understand that under this agreement I will **NOT** be given notice by the Corporation prior to disconnection of service.

I understand that if I request that my membership be cancelled 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 understand that as the property owner and member of the Liberty City Water Supply Corporation, I am responsible to see that this account balance is kept current, in accordance with the Corporation's Tariff. Should this account remain delinquent, water service will be subject to termination under the policies of the Corporation and shall not be reinstated until all debt on the account has been paid in full.

Signature (Owner or Authorized Agent)

Date