

**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 I am responsible to see that this account balance is kept current, as is any other Member of the Corporation. 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 retired.

\_\_\_\_\_  
Signature (Property Owner or Authorized Agent)

\_\_\_\_\_  
Date