



**ELDERVILLE WATER SUPPLY
CORPORATION
P O BOX 7344
LONGVIEW, TEXAS 75607
PHONE: 903-643-2692 FAX: 903-643-0868**

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

ACCOUNT # _____
OWNER'S NAME: _____
ADDRESS: _____
PHONE: _____

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

TENANT'S NAME _____
ADDRESS _____
PHONE _____

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 person with written notice of disconnection five (5) days prior to the scheduled disconnection date.

I also understand that as the property owner and member of Elderville Water Supply Corporation, I am responsible to ensure that this account balance is kept current, in accordance with the Corporation's Tariff Section E 10 e and E 18. If service has been disconnected, this account shall not be reinstated until all debt on the account has been paid in full.

Signature _____ Date _____