

**ALTERNATE BILLING AGREEMENT
FOR RENTAL OR LEASE ACCOUNTS, OR LEASE-PURCHASES**

\$25 ABA FEE DUE AT TIME OF SUBMISSION

I UNDERSTAND THAT, UNDER THIS AGREEMENT, I WILL BE GIVEN NOTICE BY THE CORPORATION OF ALL DELINQUENCIES ON THIS ACCOUNT PRIOR TO DISCONNECTION OF SERVICE.

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.

THIS ENTIRE FORM MUST BE COMPLETED, AND WITNESSED BY AN ADULT, BEFORE IT IS RETURNED TO: NCWSC, POB 343, 2333 Sam Rayburn Hwy, Melissa, TX 75454-0343. Whether the billing of this account is in the owner name or the tenant name, any outstanding balance remains the responsibility of the owner.

THANK YOU!

PROPERTY OWNER'S NAME/S:

MAIL ADDR: _____

NCWSC ACCT # _____

PHONE: _____

PROP 9-1-1 ADDR: _____

METER SERIAL # _____

I hereby authorize North Collin Water Supply Corporation to send all billings on my account to the person/s and mailing address below until further written notice:

TENANT'S NAME/S:

MAIL ADDR: _____

BEGINNING MTR RDG: _____

READING DATE: _____

MOVE-IN DATE: _____

PHONE: _____

FORMER TENANT: _____

FINAL MTR RDG: _____

READING DATE: _____

MOVE-OUT DATE: _____

OUTSTANDING BALANCE: \$ _____

All owners named on the property deed & as membership holders should sign below:

Owner

Date

Adult Witness Required

Owner

Date

Adult Witness Required