

JACOBIA WATER SUPPLY CORPORATION
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jacobiawsc@gmail.com

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

Account # _____

OWNER'S NAME: _____

ADDRESS: _____

PHONE: _____

I hereby authorize Jacobia 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 prior to pulling the meter for nonpayment.

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 (5-7) days prior to the scheduled disconnection date.

I also understand that I am ultimately responsible to see that this account balance is kept current. I understand that non-payment by a tenant, can result in all properties owned being denied current and future service.

Signature _____

Date _____