Robertson County Water Supply Corporation

1418 W US Highway 79 PO Box 875 Franklin TX 77856 979-828-4721

ALTERNATE BILLING AGREEMENT

ACCT OWNER NAME:	ACCT #:
SERVICE ADDRESS:	
By signing this agreement I hereby authorize Rosend the monthly water bill for my account to the further written notice:	
OCCUPANT NAME & ADDRESS	
I understand that under this agreement I will be delinquencies on this account prior to disconnect charged to the account in accordance with the property of t	ction of service. A notification fee may be
I further understand that if I request that my mediscontinuing service to an occupied rental proplisted renter/occupant with written notice of disconnection date.	perty, that the Corporation will provide the above
I also understand that as the property owner and member of Robertson County Water Supply Corporation, I am responsible to ensure that this account balance is kept current (paid), in accordance with the Corporation's Tariff. If service has been disconnected due to non-payment, this account shall not be reinstated until all debt on the account has been paid in full.	
Signature	Date
Printed Name	