

Starrville-Friendship Water Supply Corporation

ALTERNATE BILLING AGREEMENT FOR RENTAL ACCOUNTS

MEMBER NAME: _____ ACCT #: _____

CURRENT BILLING ADDRESS: _____

SERVICE ADDRESS: _____

PHONE NUMBER(s): _____

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

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

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 of \$15.00 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 listed 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 Starrville-Friendship 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.

Member Signature _____ Date _____