

ALTERNATE BILLING AGREEMENT

NAME: _____

ADDRESS: _____

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

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, also, understand that I am responsible to see that this account balance is kept current, as is any other Member of the Corporation. Should this account remain delinquent, water service will be subject to termination under the policies of the Corporation, and shall not be reinstated until all debt on the account has been retired.

Signature

Date