



Central Bowie County WSC
P.O. Box 306
New Boston, TX 75570
(903)628-5601

I, the undersigned, hereby agree to pay _____ (must be at least \$15.00*) per month in addition to my monthly water bill until the balance of _____ is PAID IN FULL. **I understand the payment and my water bill must be made by 4:00 p.m. on the 10th day of each month.** In the event that I fail to fulfill these terms, my water service with Central Bowie County WSC will be terminated until all charges due the Corporation are paid.

Signature & account #

Date

Central Bowie County WSC

- Reference: CBCWSC Tariff paragraph 5.15
- C:\Documents and Settings\Connie\My Documents\Forms\Deferred Payment.doc