



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 that the installment and my water bill must be paid by 4:00 pm on the 15th day of each month. In the event that I fail to fulfill these terms, my water service with Central Bowie County WSC is subject to disconnection. If service is disconnected, in order to restore service, I must pay all charges due on the account, including: service availability charges, gallonage charges, penalties, service fees, late fees, disconnection fees, returned check fees, tampering fees, and any outstanding balance if on a deferred payment plan.

In other words, I understand that if service is disconnected the entire account balance must be paid in order to restore service.

(write the above statement on the following lines)

Signature & account #

Date

Central Bowie County WSC
Reference: CBCWSC Tariff paragraphs 4.8.1 and 5.13