



**NORTH COLLIN SPECIAL UTILITY DISTRICT
(NCSUD)**

**P.O. BOX 343 2333 Sam Rayburn Highway
MELISSA, TEXAS 75454**

PH 972-837-2331 www.northcollinsud.com FAX 972-837-2930

**ALTERNATE BILLING AGREEMENT
FOR RENTAL OR LEASE ACCOUNTS, OR LEASE-PURCHASES**

\$25 ABA FEE DUE AT TIME OF SUBMISSION

I UNDERSTAND THAT, UNDER THIS AGREEMENT, I WILL BE GIVEN NOTICE BY THE DISTRICT OF ALL DELINQUENCIES ON THIS ACCOUNT PRIOR TO DISCONNECTION OF SERVICE.

I ALSO UNDERSTAND THAT I AM RESPONSIBLE TO SEE THAT THIS ACCOUNT BALANCE IS KEPT CURRENT, AS IS ANY OTHER ACCOUNT IN THE DISTRICT, THIS ACCOUNT SHALL NOT BE REINSTATED UNTIL ALL DEBT ON THE ACCOUNT HAS BEEN RETIRED.

THIS ENTIRE FORM MUST BE COMPLETED AND WITNESSED BY AN ADULT BEFORE IT IS RETURNED TO NCSUD, P.O. BOX 343, 2333 SAM RAYBURN HWY., MELISSA, TX 75454-0343. Whether the billing of this account is in the owner name/s or the tenant names/s, any outstanding balance remains the responsibility of the owner/s.

PROPERTY OWNER'S NAME/S:

NCSUD ACCT #: _____

PHONE: _____

MAILING ADDR: _____

PROP 911 ADDR: _____

METER SERIAL # _____

I hereby authorize North Collin Special Utility District to send all billings on my account to the person/s name and mailing address below until further notice:

TENANT'S NAME/S:

PHONE #: _____

FORMER TENANT: _____

MAILING ADDR: _____

FINAL MTR RDG: _____

READING DATE: _____

MOVE-OUT DATE: _____

BEGINNING MTR. RDG: _____

OUTSTANDING BALANCE \$ _____

READING DATE : _____

MOVE-IN DATE: _____

All owners named on the property deed should sign below:

Owner

Date

Adult Witness Required

Owner

Date

Adult Witness Required