

Direct Billing – Renter or Lessor

Name

Address

City, State and Zip Code

Account # _____

Phone Number

I hereby authorize Wichita Valley Water Supply Corporation to send the bills on the account to the person and address below.

Name

Effective Date

Address

Telephone Number

City, State and Zip Code

Work Telephone

I understand according to Corporation policies I am responsible to see that this account is kept current, as is any other member of the Corporation. Should this account become delinquent, water service will be subject to termination under the policies of the Corporation and shall not be reinstated until all debt to the Corporation has been paid. No notification will be sent to the owner by Wichita Valley Water Supply Corporation. You may call the office Monday through Friday 8:00 a.m. to 4:30 p.m. to check the status of your account.

Signature

Date