

LINDALE RURAL WATER SUPPLY CORPORATION

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PAYMENT ARRANGEMENT FORM

TOTAL BA	LANCE OF THIS	ARRANGEMENT :
DATE YOU AGREE TO PAY:		AMOUNT TO PAY:(IN ADDITION TO NEXT MONTHS BILL)
NAME:_		5
ADDRESS:_		
ACCT#:_		
PHONE #:_		
	I AM AWARE THAT IF I DO NOT PAY THE BILL ON THE ABOVE DATE, I WILL BE LOCKED & CHARGED FOR NON-PAYMENT AND THE TOTAL BILL WILL HAVE TO BE PAID BEFORE UNLOCKING.	
SIGNATURE:		
DATE:		