

Central Bowie County WSC

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

I, the undersigned, hereby agree to pay______ per month in addition to my monthly

water bill until the balance of	is PAID IN FULL.
(The amount and number of installm	ents will be determined by the corporation, however, the
amount must be at least fifteen(15) a	dollars and the number of installments will not exceed
twenty-four(24).)	
I understand that the installm	nent and my water bill must paid by 4:00 pm on the
15th day of each month.	
In the event that I fail to fulfill the	ese terms, my water service with Central Bowie County
WSC is subject to disconnection. If serv	ice is disconnected, in order to restore service, I must pay all
charges due on the account, including: se	ervice availability charges, gallonage charges, penalties, service
fees, late fees, disconnection fees, returne	ed check fees, tampering fees, and any outstanding balance if or
a deferred payment plan.	
In other words, I understand that if so	ervice is disconnected the entire account balance must be paid
in order to restore service.	
(write the above statement on the follow	ving lines)
Signature & account #	
Date	
Central Bowie County WSC	

Reference: CBCWSC Tariff paragraphs 4.8.1 and 5.13