

SOUTHWEST WHITE COUNTY WATER ASSOCIATION PWA  
WATER USER AGREEMENT

DATE \_\_\_\_\_ ACCOUNT# \_\_\_\_\_ SERVICE ID# \_\_\_\_\_

I, \_\_\_\_\_, HEREBY MAKE MY APPLICATION TO THE SOUTHWEST WHITE COUNTY WATER ASSOCIATION PWA FOR MEMBERSHIP IN THE ASSOCIATION AND FOR WATER SERVICE AT THE FOLLOWING LOCATION:

Physical Address: \_\_\_\_\_

- I AGREE:
1. TO INSTALL AND MAINTAIN AT MY EXPENSE THE NECESSARY SERVICE LINE TO CAUSE THE PROPERTY DESCRIBED ABOVE WHICH IS OWNED OR OCCUPIED BY ME TO BE CONNECTED WITH THE WATER SYSTEM AT THE PROPERTY LINE.
  2. TO USE THE WATER IN ACCORDANCE WITH THE RULES AND REGULATIONS THAT HAVE BEEN ESTABLISHED BY SOWCO. AND TO PROMPTLY PAY FOR THE WATER AT THE APPLICABLE SCHEDULE OF RATES.
  3. TO GRANT SOWCO AN EASEMENT FOR THE WATER LINES OVER, UNDER, OR ACROSS ANY REAL PROPERTY BOUNDING THE PLANNED SERVICE LINES OF SOWCO.

IT IS FURTHER UNDERSTOOD THAT IF FOR ANY REASON SOWCO IS UNABLE TO PROVIDE ME WITH THE SERVICE ANTICIPATED BY THIS APPLICATION, MY CONNECTION FEE SHALL BE REFUNDED TO ME.

METER DEPOSIT \_\_\_\_\_  
 SERVICE CHARGE \_\_\_\_\_  
 CONNECTION FEE \_\_\_\_\_  
 REACTIVATION FEE \_\_\_\_\_  
 INSPECTION FEE \_\_\_\_\_  
 Report done \_\_\_\_\_

X \_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
MAILING/BILLING ADDRESS

TOTAL DUE: \_\_\_\_\_

CITY STATE ZIP

CASH \_\_\_ CREDIT CARD \_\_\_ CHECK# \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WANTS E-STATEMENTS ONLY: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

SS# - - DL# DOB \_\_\_\_\_

SS# - - DL# DOB \_\_\_\_\_

WK # EMPLOYER \_\_\_\_\_

\_\_\_ RENTER: Landlord \_\_\_\_\_ Lease Received \_\_\_ Verbal Agreement \_\_\_  
 \_\_\_ RENT TO OWN  
 \_\_\_ OWNER

**Bank Draft Authorization**  
 I authorize Southwest White County Water Association to draw drafts against my bank account in payment of my water. Until this authorization is revoked in writing and received by the bank at least 10 business days prior to presentation of a draft, the bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to also notify SOWCO water in writing if I withdraw this authority. If my draft is returned, I acknowledge that there will be a return item fee of \$25.

BANK DRAFT: YES NO Routing# \_\_\_\_\_ Bank Acct # \_\_\_\_\_

Bank Draft Authorization Signature \_\_\_\_\_