

Combine Water Supply Corporation

P.O. Box 40, Crandall, Texas 75114
410 FM 1389 South, Combine, Texas 75159
Seagoville, Texas 75159
Phone (972)476-9032 * Fax (972)474-6767

Date: _____

I, _____, hereby transfer my membership
at Combine Water Supply Corporation at _____

to _____. I agree to pay any outstanding
bill incurred prior to this transfer date. My forwarding address for the final bill is

_____.

Transferor Signature

****NOTE: IF YOU ARE SET UP FOR AUTOMATIC PAYMENTS THROUGH
NEXTBILLPAY, PLEASE LOG ON TO STOP THE AUTOMATIC PAYMENTS
AND EMAILS OR CALL 800-639-2435.**

Final Reading _____

Date of Reading _____