



# Copeville SUD

Strengthening our community with  
quality and service

**DISTRICT USE ONLY**

Date Approved: \_\_\_\_\_  
Service Classification: \_\_\_\_\_  
Cost: \_\_\_\_\_  
Work Order Number: \_\_\_\_\_  
Eng. Update: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Service Inspection Date: \_\_\_\_\_

## BULK WATER SERVICE APPLICATION AND AGREEMENT

**Please Print:**    DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

METER LOCATION: \_\_\_\_\_

ACCOUNTS PAYABLE CLERK: \_\_\_\_\_

PHYSICAL ADDRESS:

BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: – **Contractor#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Accounts Payable#** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

METER AND BACKFLOW DEVICE NUMBER: \_\_\_\_\_ / \_\_\_\_\_

BEGINNING READING: \_\_\_\_\_

ENDING READING: \_\_\_\_\_

SPECIAL SERVICE NEEDS OF APPLICANT \_\_\_\_\_

\_\_\_\_\_

NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY. A MAP OF SERVICE LOCATION REQUEST MUST BE ATTACHED.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

White, Not of Hispanic Origin     Black, Not of Hispanic Origin     American Indian or Alaskan Native     Hispanic     Asian or Pacific Islander     Other (Specify)    |     Male    |     Female

By execution hereof, the Applicant agrees that non-compliance with the terms of this agreement by said Applicant shall constitute denial or discontinuance of service until such time as the violation is corrected to the satisfaction of the District.

Any misrepresentation of the acts by the Applicant on any of the pages of this agreement shall result in discountenance of service pursuant to the terms and conditions of the District Rate Order.

Deposit with District Meter & Backflow _____	\$ 3000.00
Rental Fee _____	\$ 400.00 per month
Water Rate _____	\$ 11.29 PER 1,000 Gal

Billing Cycle: due date is 10<sup>th</sup> of each month.  
Late charge: \$20.00 is assessed if not paid by due date.

Meters are read mid-month with bills mailed on or before the 25<sup>th</sup>. Bills are considered delivered unless returned by the U.S. Post Office, if you think an error has been made on your bill, please contact us immediately.  
Also notify the office if you have not received your bill by the 1<sup>st</sup> of the month.

Payments may be mailed to P.O. Box 135, Copeville, TX 75121 or dropped at the office located at 16120 FM 1778, Nevada, TX 75173. We accept Checks, Cash, Money Orders, Visa, Mastercard, Discover, and American Express payable in either the office, by phone 972-843-1375 or online at [www.copevillewater.com](http://www.copevillewater.com).  
There is a **\$2.00 convenience fee** for the use of credit cards.

Disconnect notices: notices are mailed to all delinquent accounts on the 11<sup>th</sup> of each month. Please call if you have a problem with paying on time.

Reconnect fees: (following disconnect for non-payment) Monday - Friday 8:00 a.m. – 4:00 p.m. there is a \$50.00 reconnect fee. After the before mentioned hours there is a \$100.00 reconnect fee.

Late charge . . . . .	\$20.00
Return check . . . . .	\$25.00
Credit card convenience fee. . . . .	\$2.00

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**District Representative**

\_\_\_\_\_  
**Date**



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Office 972-853-4630  
Fax 972-853-0060

www.copevilwater.com  
mywater@copevilwater.com

## Draft Authorization

This authorizes the Copeville Special Utility District and my financial institution to automatically pay my monthly water bill out of my bank account. I agree to all terms of the authorization.

*IMPORTANT: A voided check must be attached to this form.*

### Customer Information:

Copeville Special Utility District Account Number \_\_\_\_\_

Your Name (as it appears on the account): \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell/Home Number: \_\_\_\_\_ Work Number \_\_\_\_\_

### Bank Information:

Bank Account No: \_\_\_\_\_ *(Checking Accounts Only)*

Name of Bank: \_\_\_\_\_

Bank ABA Routing#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<u>CANCELLATION OF ACH DRAFT</u>	
Signature	Date