

WICKSON CREEK SPECIAL UTILITY DISTRICT

P O BOX 4756
BRYAN TEXAS 77805-4756
979-589-3030
FAX: 979-589-3275

ACCOUNT TRANSFER AUTHORIZATION

TRANSFEROR and **TRANSFEEE** understand that the transfer cannot be completed until all of the following conditions have been met:

1. All information on this form is complete, accurate and signed by **TRANSFEROR** and **TRANSFEEE**;
2. The **TRANSFEEE** has applied for service and paid any applicable fees;
3. The transfer has been approved by the Wickson Creek SUD.

TRANSFEROR: The **TRANSFEROR** understands that he relinquishes all rights to a deposit refund to the **TRANSFEEE**.

Transferor's Name: _____
Service Address: _____
City, State, Zip: _____
Phone: _____ Account Number: _____
Signature: _____ Date: _____

TRANSFEEE: The **TRANSFEEE** understands that any unpaid balance or any unbilled water usage on this account becomes the responsibility of the **TRANSFEEE**.

Transferee's Name: _____
Service Address: _____
City, State, Zip: _____
Phone: _____ Email: _____
Signature: _____ Date: _____
Billing Address (If different from Service Address):

