

GUM SPRINGS WATER SUPPLY CORPORATION

PAYOUT AGREEMENT

By signing this Agreement, the undersigned member agrees to payment of an outstanding debt on the account listed below as set forth below.

Account #: _____ Name: _____

Service Address: _____

Member agrees to pay \$_____ per month, for _____ months, in addition to the current monthly water rates, charges and fees, as set forth in the Corporation's Tariff, until the amount is paid in full. Any fees normally assessed by the Corporation (i.e. late fees) on any unpaid amount shall apply to the outstanding balance.

Failure to fulfill the terms of the Agreement shall institute the Corporation's disconnection procedures as set forth in the Corporation's Tariff.

By signing this Agreement, I acknowledge my understanding that the FULL scheduled payment has to be in the Gum Springs WSC office on or before the due date agreed upon, otherwise my service will be disconnected the next business day. If my service is disconnected, all charges owed in addition to a reconnect fee of \$100.00 AND a \$50.00 service trip fee will have to be paid before the service can be restored.

MEMBER: _____ Date: _____

OFFICE MANAGER: _____ Date: _____

A copy of this Agreement has been provided to me. I understand that it is my responsibility to make all payments as scheduled below. I also understand that no representative from the Gum Springs WSC will contact me to remind me of the scheduled payments I have agreed to fulfill.

PAYMENT DUE DATE	AMOUNT		PAYMENT DUE DATE	AMOUNT	
1. _____	\$ _____	+ NEW BILL	7. _____	\$ _____	+ NEW BILL
2. _____	\$ _____	+ NEW BILL	8. _____	\$ _____	+ NEW BILL
3. _____	\$ _____	+ NEW BILL	9. _____	\$ _____	+ NEW BILL
4. _____	\$ _____	+ NEW BILL	10. _____	\$ _____	+ NEW BILL
5. _____	\$ _____	+ NEW BILL	11. _____	\$ _____	+ NEW BILL
6. _____	\$ _____	+ NEW BILL	12. _____	\$ _____	+ NEW BILL

DOWN PAYMENT: _____

BALANCE: _____

TOTAL DUE: _____