

FORMS NEEDED TO BE COMPLETED AND TURNED IN TO
TRANSFER SERVICE ON EXISTING WATER METER
AND YOU ARE THE REALTOR OR PROPERTY MANAGER:

- 1) Transfer Application for New Owner Existing Meter
Realtor or Property Manager
- 2) Notice of Charges and Fees
- 3) Debit Authorization Form (for auto payments from checking account) (*Optional*)
- 4) Careflite Opt-out Form (complete if not wanting to have Careflite)
- 5) Request Personal Information (must be signed this form keeps us from sharing your personal information)
- 6) We will need a copy of valid Drivers License or EIN # or a W-9
- 7) Realtor: We will need copy of proof of purchase with service address from closing.
- 8) Property Manager: We will need a copy of the contract between the Property Owner and the Property Management Company.

WE MUST HAVE ALL ORIGINAL COPIES
OF ALL DOCUMENTATION

**Realtor or Management Company
TRANSFER APPLICATION**

**Bethany Special Utility District
133 S CR 810
Alvarado, TX 76009
817-790-2516
817-689-3677 (phone payments)
817-790-2525 (fax)
bethanysud@gmail.com**

Date: _____

Account #: _____

(New) Occupant Name: _____

In order for the utility district to transfer service into another name, the utility district requests the information below.

New occupant will need to complete and sign a transfer application/service agreement.

Transfer fee is \$75.00 due at the time papers are signed and turned in.

Deposit of \$200.00 due at the time papers are signed and turned in.

Copy of the driver's license.

Current (New) Occupant Name: _____

Service Address: _____

Mailing Address: _____

Street

City

State

Zip

Cell #: _____ **Home #:** _____

Employer Name _____ **Work #:** _____

E-mail: _____

Current Occupant Social Security # _____

Current Occupant Drivers License # _____ **Date of Birth** _____

Current (New) Occupant Signature

Date

Current (New) Occupant Signature

Date

Transfer fee is \$75.00 due at the time papers are signed and turned in.
Deposit of \$200.00 due at the time papers are signed and turned in.
We will need a copy of the driver's license for the person that is going to be on the account.

Payment:

Credit/Debit \$ _____ Type _____ Fee (3.5%) \$ _____

Cash \$ _____ Receipt # _____

Check \$ _____ Check # _____

Money Order \$ _____ Check # _____

Cashiers Check \$ _____ Check # _____

Employee Initials

Date

Account # _____

Auto Draft	Yes	or	No
CareFlite	Yes	or	No

**THIS PAGE IS TO BE COMPLETED BY OFFICE STAFF
FOR OFFICE USE ONLY**

NOTICE OF CHARGES AND FEES
Residential - Realtor or Property Management

Bethany Special Utility District
133 S CR 810
Alvarado, TX 76009
817-790-2516
817-689-3677 (phone payments)
817-790-2525 (fax)
bethanysud@gmail.com

MINIMUM MONTHLY CHARGE: \$38.00 per month for the first 1,000 gallons used, plus \$5.95 per each 1,000 used for the next 15,000 gallons and \$7.00 per each 1,000 used 15,001 gallons to 35,000 gallons and \$10.00 per thousand for anything over 35,001 gallons of water. Any customer requiring two meters will be charged \$76.00 per month for the first 2,000 gallons used, plus \$5.95 per each 1,000 used for the next 15,000 gallons and \$7.00 per each 1,000 used 15,001 gallons to 35,000 gallons and \$10.00 per thousand for anything over 35,001 gallons of water. TWC Tax (.5%) is added to the monthly water charge on each bill.

LATE FEE: A \$20.00 late charge is added to the balance if the bill is not paid by the 10th of each month. Failure to pay a bill in full by the 25th of each month will result in disconnection of water service. A reconnection/trip fee of \$100.00 will apply anytime our service drivers have to make a trip for disconnection of service. All balances must be paid in full to resume service. Service cannot be restored after hours and our service men cannot accept any form of payment. If the meter is locked, for any reason, the minimum charge will still apply each month.

A \$75.00 transfer fee is required for all new occupants at the time the transfer application is completed and turned in. Also a \$200.00 deposit is required for all new occupants at the time the transfer application is completed and turned in. Service will not be turned on until all paperwork and payment is collected.

It is your responsibility to pay your monthly bill. The bills are mailed so that you should receive it by the 1st of the month. If you do not receive your bill, please contact us at 817-689-3677. We cannot be responsible for the postal service. There is a \$25.00 charge for returned checks. A \$20.00 late fee may also apply. If at any time we receive a check back for insufficient funds then we will no longer be able to accept personal checks. Only cash, credit/debit cards (with \$2.00 processing fee), money orders or cashier's check will be accepted for payment of a returned check.

Anytime you believe that your bill is incorrect, you should contact the office by phone at 817-689-3677. If problem is not resolved informally, you may request a hearing by written notice during normal business hours. The request for hearing must be registered prior to the proposed date of discontinuance. No formal hearing may be had where your sole complaint is that you are financially unable to pay the billing and there is no dispute as to accuracy of the billing. If the determination is made that the bill is correct, you will be required to pay the amount due.

Customer must contact our office in advance to suspend or cancel service. Failure to do so will result in continuing charges.

You are hereby notified that unauthorized connection of a utility meter is a violation of Sec. 31.4 of the Texas Penal Code and is subject to prosecution. If at anytime a lock is placed on a meter and that lock is removed by anyone other than a Bethany SUD Employee your account will be charged \$200.00. Your account will also be charged for the water usage that occurred from the time the lock was removed at the current highest water rate per 1000 gallons of water used.

Our office hours are Monday - Friday 8:00am to 4:00pm. For your convenience, a night drop slot is located on the front door for payments during and after non business hours. We are able to set up an automatic draft on your bank account if you complete the Debit Authorization form and provide us with a voided check. If paying with a debit or credit card call 817-689-3677 Monday - Friday 8:00am to 4:00pm (if no answer leave a message with Name, Phone number and Service Address).

If you have a complaint you may contact Laura Aguirre the Business Manager at 817-939-1331, or Clint Irwinsky the Operations Manager at 817-819-3004. If they cannot assist you with your concern, it should be brought before the Board of Directors at the monthly board meeting held on the 3rd Tuesday of each month.

By execution hereof, the Applicant shall hold the District harmless from any and all claims for damages caused by service interruptions due to waterline breaks by utility or like contractors, tampering by other customer/users of the District, normal failures of the system, or other events beyond the District's control.

Thank you and we appreciate your business!

Current (New) Occupant Signature

Date

Current (New) Occupant Signature

Date

Debit Authorization Form

I (we) hereby authorize **Bethany Special Utility District** to initiate entries to my checking account at the Financial Institution listed below, if necessary initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Bethany Special Utility District is notified by me (us) in writing to cancel it in such time as to afford Bethany Special Utility District and the Financial Institution a reasonable opportunity to act on it.

Name

Address

Phone #

Name of Financial Institution

Address of Financial Institution - Branch City, State & Zip

Financial Institution Routing Number

Account Number

WILL BE DRAFTED ON THE 10TH OF EACH MONTH

Signature

Date

Bethany Account Number

PLEASE ATTACH A VOIDED CHECK

Office use only

Date & Initials Added to Tabs

Date & Initials Added to ACH



Bethany Special Utility District

**Opt Out Form
133 S CR 810
Alvarado, TX 76009**

Name: _____
Address: _____
City/State/Zip Code: _____
Utility Account # _____

The undersigned hereby notifies the Bethany SUD that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the \$1 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle. As a result of opting out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program which protects families against out of pocket costs for CareFlite's air and ground ambulance service.

Signature

Date Signed

Bethany SUD Witnessing Signature Above

Date Signed

For Water Department Use Only:

\$1 CareFlite Membership Fee removed from account shown above on _____
by _____.

**REQUEST PERSONAL INFORMATION
CONTAINED IN OUR UTILITY RECORDS
NOT BE RELEASED TO UNAUTHORIZED PERSONS**

The Texas legislature enacted a bill, effective September 1, 1993 allowing special utility districts to give their customers the option of making the customer's address, telephone number, and social security number confidential.

IS THERE A CHARGE FOR THIS SERVICE?

NO. There is not a charge for this service.

HOW CAN YOU REQUEST THIS?

Simply complete the bottom of this page and return to:

Bethany Special Utility District
133 S. CR. 810
Alvarado, Texas 76009

Your response is not necessary if you do not want this service.

WE MUST STILL PROVIDE THIS INFORMATION UNDER LAW TO CERTAIN PERSONS.

We must still provide this information to (1) an official or employee of the state or a political subdivision of the state, or the federal government acting in an official capacity; (2) an employee of a utility acting in connection with the employee's duties; (3) a consumer reporting agency; (4) a contractor or subcontractor approved by and providing services to the utility or to the state, a political subdivision state, the federal government, or an agency of the state or federal government; (5) a person for whom the customer has contractually waived confidentiality for personal information; or (6) another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage services for compensation. However, such confidentiality does not prohibit the District from disclosing the name and address of each customer on a list to be made available to the District's voting customers, or their agents or attorneys, in connection with any meeting of the District's customers.

Yes, I want to make my personal information (address, telephone number, and social security number) confidential.

Name

Account Number

Address

Telephone Number

City, State, Zip Code

X _____
Signature