

Buena Vista-Bethel Special Utility District
312 S. Oak Branch Road, Waxahachie, Texas 75167
972-937-1212
BVBSUD.com

Required Documents

- BVBSUD Application
- Proof Ownership or Lease
- Legal Photo I.D.
- Deposit Check/Money Order

Service Application and Agreement

TODAY'S DATE:	OWN:	RESIDENTIAL:
REQUESTED START DATE:	RENT:	COMMERCIAL:
SERVICE ADDRESS:		
BILLING ADDRESS (if different):		
APPLICANT'S NAME:	DRIVER'S LICENSE #:	
E-MAIL ADDRESS:	PHONE #:	
CO-APPLICANT INFORMATION		
CO-APPLICANT'S NAME:	DRIVER'S LICENSE #:	
E-MAIL ADDRESS:	PHONE #:	
LANDLORD INFORMATION		
NAME:	ADDRESS:	
E-MAIL ADDRESS:	PHONE #:	
SIGNATURES		
By signing this agreement Applicant agrees that all information is true and correct. Any misrepresentation of the facts by the Applicant on this Service Application and Agreement shall result in discontinuance of service pursuant to the terms and conditions of the District's Policies.		
Applicant Signature:	Date:	
Co-Applicant Signature:	Date:	
District Witness:	Date:	

This institution is an equal opportunity provider and employer

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By signing this agreement, the Customer agrees to comply with the terms of this Agreement and the District's Rate Order, if the Customer fails to comply with the terms, the District shall, at its option, terminate service.

The District's Rate Order is available at www.bvbsud.com

Date:	Applicant Signature:
Date:	Co-Applicant Signature:

COST OF SERVICE NOTICE		
<p>The District has determined the cost for providing service to your property in the amount stated below. By signing this notice, you acknowledge that all charges and fees for service are non-refundable except for the Deposit. If you sell or vacate the property, you must request a final monthly bill and provide a forwarding address. The District will apply your Deposit to the final bill and refund the difference.</p>		
	Deposit	\$200.00
	Activation Fee	\$101.00
	TOTAL	\$301.00
	APPLICANTS INITIALS	

<p>I have been informed to sign up for BVBSUD alerts for information regarding the water system.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: right; margin-top: 10px;">APPLICANTS INITIALS</p>
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District Policy

1. Water bills are mailed out on the last working day of the month and are due on the 15th of each month.
2. If your water bill is unpaid by the 15th, a penalty of \$25.00 will be charged for late payment.

A second notice will be sent showing a late charge and you will be given 10 (ten) days to pay from the original due date. Payment for utility service is delinquent if the full payment, including late fees, is not received at the District by 5:00pm on the due date.

Meter will be locked for nonpayment and all amounts owed to the District for account plus a delinquent fee of \$60.00 will be applied to account. Water service will be restored to disconnected accounts only upon payment of all amounts due to the District with check, money order, debit or credit card during normal business days of the District, Monday through Friday, 8:00 am to 5:00 pm, subject to the holiday schedule.

3. Payments by check or money order are accepted at the District Office between 8:00 am and 5:00 pm, Monday through Friday (subject to holiday schedule) or in the water payment drop box located in front of the office. If you mail your money order or check, it must be post dated on or before the 15th of the month. You may pay with debit or credit card by signing up for an online account, visit our website BVBSUD.com for more details. You may also call 469-553-0715 and pay with debit or credit card by phone.
4. Service Trip Fee. The District shall charge a trip fee of \$60.00 during office hours for any service call or trip to customers tap as a result of a request by the Customer or resident (unless the service call is in response to damage of the District's or another customer's facilities)

Visit our website to sign up for alerts

BVBSUD.com

Rate Schedule (5/8" x 3/4" meter) standard service

Base Rate 45.15 zero gallons

0-5,000 GAL	5.62 per thousand gal
5,001-10,000 GAL	6.46 per thousand gal
10,001-20,000 GAL	7.43 per thousand gal
20,001-30,000 GAL	8.55 per thousand gal
30,001 +GAL	9.83 per thousand gal

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For office use only
Acct # _____
Completed: _____

Electronic Funds Transfer (EF) Authorization

Contract Information

Account Holder Name: _____

Date of Birth: _____

Address: _____

Phone #: _____

Bill Payments

- Monthly (draft is between the 10th – 12th of each month)
- Minimum \$200.00
- No maximum
- We will only draft your amount owed, if bill is more than the maximum allowed, your bill will not draft and you will have to make an alternative payment.

Maximum payment amount authorized

\$ _____

Bank Account Information

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Authorization

By signing this form, I (the bank account owner) understand and accept these terms and conditions:

- You will withdraw the scheduled bill payment from my account.
- You will only consider a bill paid if a draft is honored by my financial institution.
- You may discontinue withdrawals at any time and bill me directly.
- I must contact you at least three business days before a scheduled withdrawal to change or cancel this authorization.

Signature of bank account owner:

Date:
