

**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 **TRANSFEE** 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 **TRANSFEE**;
2. The **TRANSFEE** has applied for service and paid any applicable fees;
3. The transfer has been approved by the Wickson Creek Special Utility District.

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

TRANSFEROR'S NAME:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

PHONE: _____ DATE OF TRANSFER:

LOCATION OF METER:

ACCOUNT NUMBER: _____ DATE:

SIGNATURE OF **TRANSFEROR**:

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

TRANSFEE'S NAME:

STREET ADDRESS _____

CITY, STATE, ZIP CODE:

PHONE: _____ DATE:

SIGNATURE OF **TRANSFEE**: