

South  Rains
Special Utility District

121 N. Dunbar Lane – P.O. Box 95 – Emory, Texas 75440-0095
Phone (903) 473-2122 Fax (903) 474-1302

CUSTOMER TRANSFER AUTHORIZATION

Transferor hereby surrenders Membership in South Rains Special Utility District (SUD) by execution of this document. Water service rights granted by Membership and other qualification, hereby cease contingent upon further qualification of the **Transferee** in accordance with the policies of South Rains Special Utility District (SUD).

By execution hereof, the undersigned hereby acknowledges that the Membership Transfer complies with the terms of one of the following items; thereby qualifying for Transfer of Membership in accordance with the Laws of the State of Texas.

- 1) The Membership is transferred by will to a person related to the Transferor within the second degree by consanguinity; or,
- 2) The Membership is transferred without compensation to a person related to the Transferor within the second degree by consanguinity; or.
- 3) The Membership is transferred without compensation by sale to the Corporation; or,
- 4) The Membership is transferred as a part of the conveyance of real estate from which the Membership arose.

Transferee understands that qualification for Membership is not binding upon South Rains Special Utility District (SUD) and does not qualify Member for continued water service unless the following terms and conditions are met:

- 1) This Membership Transfer Authorization form is completed by the **Transferor** and **Transferee**;
- 2) The **Transferee** has completed the required Application Packet;
- 3) All indebtedness due the Corporation has been paid;
- 4) The **Transferee** demonstrates satisfactory evidence of Ownership of the property designated to receive service and from which the Membership originally arose; and,
- 5) Any other terms and conditions of South Rains Special Utility District (SUD) are properly met.
- 6) If **ALL** documents are not completed on the day of the Transfer, **Transferee** understands that he or she has a maximum of additional 10 days from date below in which to supply the completed documents or be subject to disconnection of service.

Signature of Transferor

Signature of Transferee

Date: _____

CUSTOMER TRANSFER AUTHORIZATION (Cont'd.)

Transferor's Name

Transferee's Name

Forwarding Address

Current Address

City, State, Zip Code

City, State, Zip Code

Phone

Phone

Account Number _____ Final Reading _____ Reading Date _____

Location of Meter: _____

Note: A **Transfer Fee** of **\$100.00** is charged to the **Transferee** on the transfer. In addition, the **Transferee** must pay a refundable **Deposit** of **\$100.00** with South Rains Special Utility District. (Transferor may be due a refund of his/her Deposit depending on the current status of the account.)

ACKNOWLEDGEMENT

The State of Texas
County of Rains

IN WITNESS WHEREOF the said Transferor and Transferee have executed this instrument this _____ day of _____, 20____.

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____

Known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledge to me that they executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF THE OFFICE THIS _____ day of _____, 20__.

Notary Public in and for RAINS County, Texas

(SEAL)