



MOFFAT WATER SUPPLY CORP.

5460 LAKEAIRE BLVD. TEMPLE, TEXAS 76502

PHONE (254) 986-2457 FAX (254) 986-2530

www.moffatwatersupply.com

"This institution is an equal opportunity provider."

MEMBERSHIP TRANSFER AUTHORIZATION

Transferor hereby surrenders Membership in the Moffat WSC by execution of the attached Stock Certificate. Water service rights granted by Membership and other qualifications hereby cease contingent upon further qualification of the Transferee in accordance with the policies of the Moffat WSC. By execution hereof, the undersigned hereby acknowledges that the Membership Transfer complies with the terms of one of the following items (1) through (4), 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 or 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 on the Corporation 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 to the Corporation has been paid;
- (4) The Membership Certificate has been surrendered, properly endorsed, by the record Transferor;
- (5) The Transferee demonstrates satisfactory evidence of ownership of the property designated to receive service and from which the Membership originally arose; and
- (6) Any other terms and conditions of the Corporation's Tariff are properly met.

Transferor's Name

Transferee's Name

Forwarding Address

Billing Address

City, State, Zip Code

City, State, Zip Code

Customer Phone Number _____

Service Address _____ Account Number _____

Transfer Date _____ Final Reading _____ Final Reading Date _____

*Note there is a \$25.00 fee charged to the Transferee on all transfers

Signature of Transferor

Signature of Transferee

Date: _____

Date: _____