

Account #: _____

Date: _____

Description: _____



1525 E. Sahuarita Road, PO Box 7, Sahuarita, AZ 85629
 Phone: 520.879.7474 * Fax: 520.791.2853 * www.farmerswaterco.com

WATER SERVICE APPLICATION AND AGREEMENT

****APPLICATION****

(PLEASE PRINT)

Requested Service Start Date: <i>(at least two business days' notice is required)</i>			
Customer Name:			
Spouse or Roommate Name:			
Complete Service Address: <i>(including city, state, zip)</i>			
Subdivision:		Lot Number:	
Billing Address <i>(if different than Service Address)</i>			
Home Phone Number:		Cell Phone Number:	
Spouse or Roommate Phone Number:			
Email Address:			
Applicant is: <i>(circle one)</i>	Owner	Tenant	Agent of:
Type of Service: <i>(circle one)</i>	Residential	Commercial	Industrial
Did the premises have previous service? <i>(circle one)</i>	Yes	No	

The Customer requests water service from Farmers Water Co. (FWC) at the address indicated above. Once service is established, the services provided pursuant to this Agreement shall continue until cancelled by FWC or until the Customer requests to disconnect service. During all times in service, the Customer agrees to pay for water service at the rates approved by the Arizona Corporation Commission. The Customer also agrees, in the event of payment default for any amount due, to pay the amount owed for water service and any additional charge equal to the cost of the collection, attorney's fees, and court costs. The Customer also acknowledges that, although FWC endeavors to provide the best water service available with adequate pressure and volume at all times possible, no guarantee is made thereto.

Signature: _____

Date: _____

Date Installed:			
Meter Size:		Latitude/Longitude:	
Meter ID Number:		Route:	
Register ID Number:		MXU ID Number:	

FWC Official Use Only (ver. 1/13)



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ELECTRONIC DEBIT/AUTOMATED CLEARING HOUSE (ACH)

****APPLICATION****

(PLEASE PRINT)

Customer Name:	
Farmers Water Co. Account Number:	
Complete Service Address: <i>(including city, state, zip)</i>	
Home Phone Number:	
Cell Phone Number:	

BANK INFORMATION

****PLEASE ATTACH A VOIDED CHECK****

Bank Name:	
Complete Address: <i>(including city, state, zip)</i>	
Routing Number:	
Account Number:	
Type of Account: <i>(circle one)</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize Farmers Water Co. (FWC) to initiate electronic debit entries from the above-referenced bank account for payment of the Customer's water bill. This authority will remain in effect until I notify FWC in writing to cancel the electronic debit entries and after such time as to afford FWC and the above-referenced bank a reasonable opportunity to act on the cancellation request. I acknowledge that all payments will be deducted on the 15th of each month, or the first banking day following the 15th, if the 15th falls on a day when FWC's bank is closed.

Signature: _____ Date: _____

Date Initiated by FWC:		Entered By:	
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