

MEMBERSHIP TRANSFER AUTHORIZATION

SOUTH ELLIS COUNTY WSC
P.O. Box 348 – 109 East Main Street
Italy, TX 76651
(972) 483-6885
www.secwater.com

TOTAL TRANSFER FEE = \$450.00

Activation Fee: \$100.00

Membership Fee: \$150.00

Transfer Fee: \$200.00

Transferor hereby surrenders Membership in the South Ellis County WSC by rights granted by Membership and other qualification hereby cease contingent upon further qualification of the Transferee in accordance with the policies of the South Ellis County WSC.

By execution hereof, the undersigned hereby acknowledges that the Membership Transfer complies with the terms of one of the following items one (1) through four (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 by the 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 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 by providing a county recorded copy of warranty deed designated to receive service and from which the Membership originally arose; and
- (5) Any other terms and conditions of the Corporation’s Tariff are properly met.
- (6) Properly executed Easements
- (7) Agrees to meter being moved to the edge of the property, if necessary.

Print Transferor’s Name

Print Transferee’s Name

Forwarding Address

Signature of Transferee

City, State, Zip Code

Current Address

Account Number/Certificate Number

City, State, Zip Code

Date Paid: _____

Check Number: _____