



City of Troup

P.O. Box 637
Troup, TX 75789
903.842.3128

CUSTOMER NAME: _____

CUSTOMER ACCOUNT NUMBER: _____

CUSTOMER EMAIL ADDRESS: _____

In exchange for a monthly credit on my utility bill, I agree to the following conditions:

1. I will pay my bill by bank draft in accordance with the city's bank draft policies. I understand the amount of my bill will be drafted from my account on the 10th of each month. By my initial below, I acknowledge this:

(Initial)

2. I agree to receive my monthly City of Troup utility bill by email ONLY. No bill will be sent by US Postal Service mail.

By my initial below, I acknowledge this:

(Initial)

Signed at Troup, Texas, this the _____ day of _____, 202__

Water Customer's Signature