

**WICKSON CREEK SPECIAL UTILITY DISTRICT**

P O BOX 4756  
BRYAN TEXAS 77805-4756  
979-589-3030  
FAX: 979-589-3275

**ACCOUNT TRANSFER AUTHORIZATION**

**TRANSFEROR** and **TRANSFeree** understand that the transfer cannot be completed until all of the following conditions have been met:

1. All information on this form is complete, accurate and signed by **TRANSFEROR** and **TRANSFeree**;
2. The **TRANSFeree** has applied for service and paid any applicable fees;
3. The transfer has been approved by the Wickson Creek SUD.

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**TRANSFEROR:** The **TRANSFEROR** understands that he relinquishes all rights to a deposit refund to the **TRANSFeree**.

**Transferor's Name:** \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRANSFeree:** The **TRANSFeree** understands that any unpaid balance or any unbilled water usage on this account becomes the responsibility of the **TRANSFeree**.

**Transferee's Name:** \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_