

COSIGNERS AGREEMENT

I, _____, A member in good standing with West Allen Parish Water District,
(Current Member Name)
do hereby agree to pay any bills incurred by:

(Name of New Member)

At the following address/location:

(Address)

Which he/she does not pay himself/herself. I realize that by agreeing to this, I will be subject to having the water disconnected/locked out at my personal residence if this bill is not paid in accordance with West Allen Parish Water District's payment policies.

Date

Customer Signature

Witness

OFFICIAL STAMP

This institution is an equal opportunity provider. To file a complaint of Discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).
USDA is an equal opportunity provider, employer, and lender.

