

## AUSTIN COUNTY WATER SUPPLY CORPORATION

PO Box 550 117 N Granville Bellville, TX 77418

Office: 979-865-3022 Fax: 979-865-9511

### Membership Transfer Authorization

Transferor hereby surrenders membership in the ACWSC by execution of the attached Stock Certificate. Water service rights granted by Membership and other qualification hereby cease contingent upon further qualification of the Transferee in accordance with the policies of ACWSC.

By execution hereof, the undersigned hereby acknowledges that the Membership Transfer complies with the terms of one of the following items (1) through (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 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 Transferor and the Transferee;
- (2) The Transferee has completed the required Application Packet;
- (3) All indebtedness due to the Corporation has been paid;
- (4) The Membership Certificate has been surrendered, properly endorsed, by the record Transferor;
- (5) The Transferee demonstrated satisfactory evidence of ownership of the property designated to receive service and from which the Membership originally arose; and
- (6) Any other terms and conditions of the Corporation's Tariff are properly met.

NOTE: A fee of \$50.00 is charged to the Transferor/Transferee on all transfers. (Optional) Transferor may be due a refund of the Membership Fee, and Transferee understands that he/she must place on deposit a refundable Membership Fee with the Corporation.

**Nondiscrimination Statement** – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
**USDA is an equal opportunity provider, employer, and lender. ACWSC is an equal opportunity provider.**

\_\_\_\_\_  
Signature of Transferor

\_\_\_\_\_  
Signature of Transferee

\_\_\_\_\_  
Transferor's Printed Name

\_\_\_\_\_  
Transferee's Printed Name

\_\_\_\_\_  
Forwarding Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Final Reading \_\_\_\_\_ Reading Date \_\_\_\_\_

Location of Meter \_\_\_\_\_

ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

THE STATE OF TEXAS  
COUNTY OF AUSTIN

IN WITNESS WHEREOF the said  
Transferor has executed this instrument  
this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

BEFORE ME, the undersigned, a Notary  
Public in and for said County and State,  
on this day personally appeared

\_\_\_\_\_  
Known to me to be the persons whose  
names are subscribed to the foregoing  
instrument, and acknowledged to me that  
they executed the same for the purposed  
and consideration therein expressed.

**GIVEN UNDER MY HAND AND  
SEAL OF OFFICE THIS \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.**

THE STATE OF TEXAS  
COUNTY OF AUSTIN

IN WITNESS WHEREOF the said  
Transferee has executed this instrument  
this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

BEFORE ME, the undersigned, a Notary  
Public in and for said County and State,  
on this day personally appeared

\_\_\_\_\_  
Known to me to be the persons whose  
names are subscribed to the foregoing  
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**GIVEN UNDER MY HAND AND  
SEAL OF OFFICE THIS \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
Notary Public in and for  
\_\_\_\_\_ County, Texas  
Commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for  
\_\_\_\_\_ County, Texas  
Commission expires \_\_\_\_\_