

Gaston Water Supply Corporation

PO Box 98

Joinerville, TX 75658

Office & Fax (903) 657-6242

Subject: Transfer of Membership

I, _____, request my membership for account _____ be transferred to
_____, effective _____.

ORIGINAL ACCT INFO

Acct Name _____

Acct Address _____

Mailing Address _____

NEW ACCT INFO

Acct Name _____

Acct Address _____

Mailing Address _____

Phone Number _____

I, _____, acknowledge receipt of the membership for this account. I am aware that
I am responsible for all payments due on this account effective _____.