

EAST CENTRAL BALDWIN COUNTY WATER AUTHORITY (ECBC)

22844 Co. Rd. 87, Robertsdale, AL 36567

(251)942-1242 -- office@eastcentralbaldwinwater.com Fax (251)942-1459

User (Print) _____ Birthday _____ S.S. No. _____

Driver's License No. _____ Employer _____ Phone No. _____

User (Print) _____ Birthday _____ S.S. No. _____

Driver's License No. _____ Employer _____ Phone No. _____

Service Address _____

Mailing Address (if different) _____

Phone(s) _____ / _____ / _____ / _____

Email Address _____ Email Billing Only Paper Billing only

Requested Start Date _____

RECEIVED FROM USER(S) this _____ day of _____, 202__ the total sum of \$ _____

Receipt Book _____ Receipt No. _____ in payment for the following: Tap Fees \$ _____

Utility Deposit \$ _____ Service Charge \$ _____ Water Usage Credit \$ _____

APPLICATION FOR WATER SERVICE

User(s) request ECBC to furnish (subject to its rates, charges, service regulations, etc. as such charges now exist and are on file at ECBC's office, or as they may hereafter be amended) water services and facilities set out herein as required, or from time to time furnished. User(s) agree the deposits paid herein may be used toward paying for water service or facilities without notice and User(s) understands the water service is interruptible and User(s) gives and grants to ECBC, its successors or assigns, a right and easement under, along and over User(s) premises, and agrees that title to all property installed by ECBC will remain in ECBC and can be removed at any time. User(s) agrees to pay the minimum charge herein, even though larger than those in regularly published rates, in lieu of a cash contribution to excess costs, if any. User(s) agree that ECBC shall have the right, but not obligation, to inspect any accordance with its standards, but such inspection or failure to inspect or reject shall not be regarded as insurance against acts of God, defects in installation, piping/appliances, violation of county ordinances or regulation's now in force or hereafter adopted, accidents which occur on Consumer's premises, or matters not reasonably within ECBC's control. I/we agree to pay all costs of collection of any unpaid balances I/we owe ECBC, including reasonable attorney's fees and court costs. We hereby waive all rights of exemption as to personal property under the laws of Alabama or any other state. I/we further agree that ECBC shall have the right to release any information shown on this application to its attorney or the agency ECBC is associated with to collect its outstanding balances.

PAYMENT METHODS

Monthly bills are mailed the last working day of each month or emailed depending on the customer's choosing. The "net" amount is due upon receipt and becomes delinquent on the 21st of each month, when a 10.0% late fee is added to your balance. The following payment methods are available to our customers:

- (1) Cash, Check or Money Order – After hours drop box at gate. We do not recommend that you put cash in the drop box.
- (2) Automatic Bank Draft – No cost to User. ECBC debits your account the 18th of each month. Contact office for this method.
- (3) IVR Automated Phone Payment- Dial ECBC's phone no. (251-942-1242). The first message you hear instructs you how to pay your bill by phone. Your PIN NUMBER (required) is printed at the top of your monthly bills. There is a fee for this method.
- (4) Pay Online at East Central Baldwin Water.com or call the ECBC office to pay by phone. This method is offered through a company (PAY-N-SECONDS) which charges a pro-rata fee for each payment. Payments must be made before 5:00 p.m. on the 20th each month to avoid late fees. Call Pay-N-Seconds at 800-353-9130 to create your account.

You may have a leak if this message appears above your name on your bill: **"POSSIBLE LEAK DETECTED"**.

USER

DATE

USER

DATE

The Federal Gov. can use the information below to monitor with its laws prohibiting discrimination against applicants who seek to participate in its programs. It will not be used to discriminate against you. If you do not furnish it, we must note the race/national origin of applicant(s) based on visual observation/surname. M___ F___ Race: Hispanic/Latino ___ White ___ Black/African American ___ America Indian/Alaska Native ___ Asian ___ Native Hawaiian/Other Islander ___. Write to USDA Director, Office of Civil Rights, 1400 Independence Ave. SW, Washington, DC 20250-9410 to file a complaint