

Statement Fee Opt-out Form

Required Information:

SOWC Account#: _____

Name: _____

Phone Number: _____

Please check either option 1 or option 2. If neither is checked, option 1 will be the default option on your account.

_____ **Option 1** – I wish to continue to receive my monthly SOWC statement in the mail on my accounts. I understand that a \$3.00 monthly service charge will apply for each statement that I receive.

_____ **Option 2** – I do not wish to receive my statement by mail but would rather receive it monthly by e-mail. I understand that the \$3.00 statement fee will be waived for this selection, and that I will not be charged this fee under the e-mail selection.

My e-mail is _____

Optional Secondary e-mail _____

Signed _____

Dated _____

Please either bring this form to the office, mail it in with your payment, fax it to 580-226-8650, or e-mail it to sowc@sowcwater.com. SOWC will call everyone that responds to confirm receipt of this form.