



P. O. Box 249 • Florence, Texas 76527 • (254) 793-3103
www.ctsud.org

Billing Cycle Change

Deferred Payment Request Form

Account Number: _____

Customer Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Customer Signature

Date

Upon receipt of this form, a Customer Service Representative will contact you regarding the deferred payment agreement. Please indicate your preferred method of contact:

_____ Home Phone

_____ Cell Phone

_____ E-Mail

<p>Mail this form to:</p> <p>CTSUD P.O. Box 249 Florence, TX 76527</p> <p>Fax to: (254) 793-3100</p> <p>E-mail to: info@ctsud.org</p>
