



EL SAUZ WATER SUPPLY CORPORATION

1169 N.FM. 649

ROMA, TEXAS 78584

(956)486-2273

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

Change of Account Name Form

Date: _____

Account #: _____

Current Name on the Account: _____

Mailing Address:

By signing below, we the family of (Deceased member) _____

Agree to change the El Sauz Water Supply Corp. account which is presently under our deceased family member to read: "In care of:" (name of our person to be designated and relationship), _____.

Date Completed: _____

Received by: _____

(Name of Person Signing)

ACKNOWLEDGMENT

THE STATE OF TEXAS §
COUNTY OF _____§

This instrument was acknowledged before me on _____, 2025,
by (Name of Person Signing).

Notary Public, State of Texas

My commission expires: