



**College Mound SUD
Opt Out Form
12731 FM 429
Terrell, TX 75161**

Name: _____
Address: _____
City/State/Zip Code: _____
Utility Account # _____

The undersigned hereby notifies the College Mound SUD that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the \$1 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle. As a result of opting out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program which protects families against out of pocket costs for CareFlite's air and ground ambulance service.

Signature Date Signed

College Mound SUD Employee Witnessing Signature Above Date Signed

For Water Department Use Only:

\$1 CareFlite Membership Fee removed from account shown above on _____
by _____.