



**Becker-Jiba WSC  
Opt Out Form  
15269 FM 2860  
Kaufman, TX 75142**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Utility Account # \_\_\_\_\_

The undersigned hereby notifies the Becker-Jiba WSC 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

\_\_\_\_\_  
Becker-Jiba WSC Employee Witnessing Signature Above Date Signed

**For Water Department Use Only:**

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