

S.S. Water Supply Corporation Payment Extension Agreement

Name: _____ Account# _____
Date: _____

Email: _____ Phone: _____

Billing Address: _____ State/Zip: _____

Due Date: _____ Current Amount Due: _____

Extension Due Date: _____ Total Amount Due by Extension Due Date: _____

Please initial next to the following statements. Failure to do so will void this agreement.

1. I am applying for an extension of my payment that was due on the 10th of this month.
2. I am required to pay the total due for this month plus the total due next month by the Extension Date.
3. Any delinquent account is subject to disconnection the next business day after the Extension Date and could face cancellation at the next Board Meeting.
4. Renters are not allowed to apply for extensions, I am the member and property owner.

The fine print:

1. Member must be on the system for a minimum of 6-Months.
2. Payment extensions are not final and are subject to change upon review by Management.

Member Signature

Date

General Manager/Office Manager

Date Approved

Approved
Disapproved