

S.S. Water Supply Corporation

Payment Plan Application

Name: _____ Account# _____
Date: _____

Email: _____ Phone: _____

Billing Address: _____ State/Zip: _____

Billing Month Payment Plan: _____ *Must be submitted before the due date.*

Reason for Request:

- High Bill
 Leak
 Loss of Income

Total Amount Deferring: _____ For _____ Months

Total Monthly Payment is: _____ Plus Monthly Water Sales

Beginning with Bill Due: _____

The fine print:

1. Payment Plans are cancelled and become due in full if paid after the 10th of each month.
2. Payment plans will not be approved after the amount has become delinquent.
3. Member must be on the system for a minimum of 6-Months.
5. Only a Member may apply for the payment plan, renters must request owner's to apply.
6. Payment Plans are not final and are subject to change upon review by Management.

Member Signature

Date

General Manager/Office Manager

Date Approved

Approved
Disapproved

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

1. I understand that if I do not pay my payment plan plus my current monthly statement by the 10th of each month, that this agreement will become void and the total amount due on my account will be due.
2. Any delinquent account is subject to disconnection on the 23rd of each month.
3. Renters are not allowed to apply for payment plans, I am the member and property owner
4. I understand that I cannot pay off the balance early, unless prearranged with the Office Manager
