Hawley 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 Date:** _____

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

1. I am applying for an extension of my payment that is/was due on the 15th of the month. ☐
2. I am required to pay the total due 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. My account has been in good standing with no delinquencies in the past 6-months. ☐
5. I have filled the Payment Extension Plan out before the due date. ☐
6. Renters are not allowed to apply for extensions, I am the member and the property owner. ☐

1. Member must be on the system for a minimum of 6-months. (billed in members name)

2. Payment extensions are not final and are subject to change upon review by management.

_____ _____
Member Signature Date

_____ _____
Manager/Assistant Manager Date

☐ Approved

☐ Disapproved