

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 17th of the month. | <input type="checkbox"/> |
| 2. I am required to pay the total due by the extension date. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| 4. My account has been in good standing with no delinquencies in the past 6-months. | <input type="checkbox"/> |
| 5. I have filled the Payment Extension Plan out before the due date. | <input type="checkbox"/> |
| 6. Renters are not allowed to apply for extensions, I am the member and the property owner. | <input type="checkbox"/> |

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