

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.	<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