



INSTALLMENT PAYMENT AGREEMENT

Account #: _____ Service Location: _____

Name: _____

Home _____ Cell _____ Work _____

Please check box for preferred contact method Home Cell Work

Current balance owed: \$ _____

Signature

____/____/_____
Date

*****PLEASE NOTE, PAYMENT AGREEMENTS ARE SUBJECT TO THE APPROVAL OF HWSA*****
*****If you have received a Shut Off Notice from the Authority you do not qualify for payment arrangements*****

Conditions for Authority payment agreements include but are not limited to the following; you must speak with an HWSA customer service representative, this form must be completed and returned to our office, and all past due balances MUST be paid in full prior to your next billing cycle. Installment agreements do not prevent penalty and interest from accruing on your account –agreements only prevent service interruptions if honored.

This form will be reviewed by HWSA personnel to determine if it shall be approved or denied.

Failure to comply with the agreement as described above will result in standard Authority shut off practices resuming. At which time, payment will only be accepted via cash, money order or certified bank check. Your property will be POSTED 15 days from the issuance of the shut off notice, imposing an additional \$30 to your account, and service to the property will be TERMINATED if all delinquent charges are not received on or before the due date specified on the shut off notice. If your service is terminated, there will be a \$50 turn on fee which MUST be paid, in addition to all other delinquent fees before service will be restored.

OFFICE USE ONLY:

HWSA clerk initials: _____ Date received: ____/____/____ Approved YES / NO (circle)