

S.S. 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 Due Date: _____

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

1. I am applying for an extension of my payment that was due on the 10th of this month. ☐
2. I am required to pay the total due for this month plus the total due next month 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. Renters are not allowed to apply for extensions, I am the member and property owner. ☐

The fine print:

1. Member must be on the system for a minimum of 6-Months.
2. Payment extensions are not final and are subject to change upon review by Management.

Member Signature

Date

General Manager/Office Manager

Date Approved

Approved

☐

Disapproved

☐