



## PAYMENT EXTENSION REQUEST

Customer Name \_\_\_\_\_

Service Address or Account Number \_\_\_\_\_

Outstanding Balance Due \$ \_\_\_\_\_

Payment Extension Request (See note 2 below if requesting multiple payments):

Payment \$ \_\_\_\_\_ Date Due \_\_\_\_\_

Payment \$ \_\_\_\_\_ Date Due \_\_\_\_\_

Please note the following:

1. The Customer will pay the payment amount in addition to the current monthly charges (including late fees).
2. Monthly bills for service will be considered past due if payment is not received within 25 days of the billing date. A 10% late payment penalty will be applied to the balance due at the time of the next (second) billing and may not be waived.
3. The account will be penalized or subject to shut off if payments are not received by the agreed-upon payment date stated above. Additionally, any future extensions may not be granted until the outstanding balance is paid in full.

Signature or Email \_\_\_\_\_ Date \_\_\_\_\_

For Office use only:

Approved

Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Jocelyn Adlao, Accountant