



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 noon on the agreed-upon payment date stated above. Additionally, any future extensions may not be granted until the outstanding balance is paid in full.
4. Payments must be made with a customer service representative to ensure timely recording of payment. *Please do not mail a check.*

Signature or Email _____ Date _____

For Office use only:

Approved

Denied

Signature _____ Date _____

Jocelyn Adlao, Accountant

Rev (6/1/2021)