



Utility Billing Payment Extension Request

The payment extension request form must be completed and signed by a listed account holder. A copy of the account holder's driver's license is required. Incomplete forms will be denied. Payment arrangement terms are as follows:

1. The length of the extension requested can be up to **5 days** only from the due date. *Ex. Bill due on the 15th, extension can be granted up to the 20th. Bill due on the 30th, extension can be granted up to the 4th/5th.*
2. A payment extension can only be requested **4 times** per calendar year.
3. The payment extension must be agreed upon and signed by the customer and office staff before it will be noted on the customer's account.
4. A payment arrangement will not be granted verbally over the phone.
5. A request must be received no later than 04:30 PM the day before a pending disconnection; extensions will not be granted on the date of disconnection.
6. A customer can be considered for an extension if:
 - They have 3 months of established on-time payment history.
 - They have not had any returned payments for insufficient funds in the last 6 months.
 - No failed payment extensions within the last 6 months; a failure is constituted by nonpayment by due date and in an amount less than agreed upon.
 - Must not have a total balance over \$400.
7. Failure to fulfill the terms of the payment extension will result in a service disconnection and a \$25 reconnection fee added to the account. Once service is disconnected, service will not be restored until the outstanding balance is paid in full.
8. A request from the customer to final the account voids the agreement immediately and the balance is due in full. If payment is not received immediately, the account will be subject to service disconnection the following day.

Account Number _____ **or Service Address** _____

Name on Account:	Phone #:
Email Address:	
Driver's License # or ID #:	

By signing below, the customer agrees to the terms herein and set forth in this payment arrangement.

Signature: _____ **Date:** _____

This payment extension is requested for the charges noted below. If the payment is NOT received per the agreed upon payment schedule, the account is immediately noted as delinquent and is subject to penalty and disconnection of services.

Amount: \$ _____ **Extension granted and payment must be received no later than:** _____

Authorized Employee Signature: _____ **Date:** _____