

Cottageville Public Service District

P.O. Box 180
Cottageville, WV 25239

Telephone: (304) 372-4317
Fax: (304) 372-4436
E-mail: cottagevillepsd@yahoo.com

DEFERRED PAYMENT AGREEMENT

CUSTOMER NAME: _____
ADDRESS: _____
ACCOUNT NO: _____
AMOUNT DUE: _____
INCLUDES BILLING PERIOD THRU: _____
LAST DATE PAID: _____

Please state reason customer cannot pay delinquent account in full:

I, _____ hereby agree to pay the Cottageville Public Service District the sum of \$ _____ by the **20th** day of each month, until my delinquent account is paid in full. I also agree to pay, in addition to the amount on my delinquent account, the current monthly billing by the due date specified on each billing.

I further understand that failure to comply with the terms as set forth in this agreement will constitute a default on this agreement and full payment of all past due balances is due at that time. If necessary, other steps will be taken to collect the amounts due without further notice to me.

A customer who is paying under a deferred payment agreement will have water service terminated for non-payment of contract. Please pay contract obligation in a timely manner.

SIGNATURE

WITNESS

DATE