

Marshville Town Hall
 118 East Union Street
 Marshville, NC 28103

TOWN OF MARSHVILLE

est. 1877

(P) 704.624.2515
 (F) 704.624.0175
 www.marshville.org

REQUEST FOR PAYMENT PLAN

Applicant Name: _____ Date: ____/____/____
First Middle Last

Mailing Address: _____
Street Address

Service Address: _____
Town, State, Zip Code
 (if different from above)

Primary Phone No: _____ Alternate Phone No: _____

Account Number: _____	Are you the: <input type="checkbox"/> Tenant <input type="checkbox"/> Occupant <input type="checkbox"/> Owner
Account Balance: _____	
Date of last payment: _____	

Reason for Request: _____

- Minimum Requirements for Eligibility**
- Customer must have established six (6) months worth of history with the Town including billing and consistent payment history.
 - The first payment should reflect at a minimum 50% of the total account balance and must be paid in cash or money order.
 - No payment plan will be approved if the applicant has an outstanding balance at a previous location.
 - Payment dates cannot extend for more than a four (4) month period.
 - Payment plans must be requested **prior to** service disconnection.

Payment Schedule						
Payment 1	Amount:		Date:		Staff Initials	
Payment 2	Amount:		Date:		Staff Initials	
Payment 3	Amount:		Date:		Staff Initials	
Payment 4	Amount:		Date:		Staff Initials	
Payment 5	Amount:		Date:		Staff Initials	
Payment 6	Amount:		Date:		Staff Initials	

I understand that I will be allowed only one extension per 12-month period. I understand any future bills must be paid in full, in addition to the payment plan. Payments can be made in person or in the night drop box, but must be made before the payment due date. The payment location is Town Hall 201 West Main Street in Marshville. I understand that if the payment plan and schedule documented is not adhered to, a delinquency fee will be added to the account and placed on a list to have services disconnected immediately. No second notices will be given.

Extensions or payment agreements are not automatic; they are a privilege and will be granted only with proof of extreme hardship and after review of account and payment history. A payment arrangement in the amount of \$200.00 or less must be paid in full within two (2) billing cycles. Any payment arrangement made in excess of \$200.00 must be paid within four (4) billing cycles. I understand this form does not guarantee approval for the payment plan request. All requests are reviewed first by supervisory personnel for approval.

I understand and agree to the terms and minimum requirements listed above and further understand that failure to comply with the payment schedule list above will result in services being terminated immediately without notification

SIGNED: _____ **DATE:** _____

- OFFICE USE ONLY -	
Accepted (Initials/date):	Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
	_____ <small>Signature of Director of Utilities or Town Manager</small>
	_____ <small>Date</small>