

WESTERN MONMOUTH UTILITIES AUTHORITY

PAYMENT PLAN REQUEST

DATE _____ ACCOUNT NUMBER _____

SERVICE ADDRESS _____

Block _____ Lot _____ Qualifier _____

MAILING ADDRESS (if different) _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____

REASON FOR REQUEST

TOTAL BALANCE TO BE PAID BY PAYMENT PLAN _____ DOLLARS

NUMBER OF MONTHLY PAYMENTS _____ MONTHS

MONTHLY PAYMENT AMOUNT _____ PER MONTH

PAYMENT PLAN BEGINNING DATE _____

ALL NEW QUARTERLY CHARGES MUST BE PAID BY THE DUE DATE

OWNERS' NAMES (print)

Signatures (OR E-Mail Authorization)

WMUA AUTHORIZATION SIGNATURE: _____

***PLEASE NOTE: ALL INFORMATION MUST BE FILLED OUT. ALL OWNERS MUST SIGN.**

**IF CUSTOMER(S) UNABLE TO PHYSICALLY SIGN FORM, AGREEMENT VIA E-MAIL
ACKNOWLEDGING ALL REQUIREMENTS OF THE PAYMENT PLAN WILL BE ACCEPTABLE.**

**IN ORDER FOR THE PAYMENT PLAN TO BE CONSIDERED, THE FIRST MONTHLY PAYMENT MUST
BE INCLUDED WITH THIS FORM AND WILL BE APPLIED AGAINST YOUR BALANCE WHETHER OR
NOT THE PLAN IS APPROVED.**

**IN THE EVENT OWNER FILES FOR PROTECTION UNDER THE FEDERAL BANKRUPTCY ACT, THE
SAME SHALL BE CONSIDERED AN EVENT OF DEFAULT OF THIS AGREEMENT.**

**IN THE EVENT A MONTHLY PAYMENT IS NOT MADE BY THE 25TH OF THE MONTH, OR A
QUARTERLY SEWER SERVICE FEE IS NOT PAID AS REQUIRED, THE PAYMENT PLAN WILL BE
NULLIFIED. THE ENTIRE UNPAID BALANCE, PLUS INTEREST AT ONE AND ONE HALF PERCENT
(1½%) PER MONTH, WILL BE DUE AND PAYABLE TO THE AUTHORITY AND SUBJECT TO THE
TOWN'S TAX SALE.**