



## Henry County Water Authority

# Special Payment Arrangement

## REQUEST

If your family is experiencing a hardship, Henry County Water Authority (HCWA) would like to offer you a Special Payment Arrangement (SPA) option. In order to be considered, please complete and submit the information below. Requests are **subject to approval** by HCWA before the agreement goes into effect. Note: **Submission of this request will not prevent disconnection of service.**

Date of Request:

Account #:

Customer Name:

Service Address:

Cell Phone #:

May we send you text notifications?  Yes  No

Email Address:

May we send you email notifications?  Yes  No

Total \$ amount requested:  *(must include all past due bills)*

Number of installments (*months*) requested:  *(must not exceed 6 months)*

Would you like to make your payment on your regular bill due date?  Yes  No

If no, what day of each month would you like to make your payment?

### TERMS AND CONDITIONS:

All Special Payment Arrangement Requests submitted to Henry County Water Authority (HCWA) will be processed within 3 business days of receipt, and are **subject to approval** by HCWA before the agreement goes into effect. Once processed, you will receive an email confirmation informing you of the acceptance of your request, or reason for denial. By submitting this request, you acknowledge understanding that once established, payment arrangements do not cover future monthly bills, which are due and payable on or before their due date. Failure to make scheduled installment payments, returned checks, credit card chargebacks, or delinquent current bills will result in the special payment arrangement being declared null and void, your service may be INTERRUPTED IMMEDIATELY, WITHOUT FURTHER NOTICE, and additional fees may apply. Failure to honor your arrangement may also result in denial of future requests. If service is cut-off for a broken payment arrangement, you may be required to pay the total account balance, including all fees and additional security deposit (if required), to restore service. **Submission of this request will not prevent disconnection of service.**

***By signing below, I am agreeing to all terms and conditions of this arrangement as put forth by Henry County Water Authority.***

Customer signature: \_\_\_\_\_ Date: \_\_\_\_\_