



P.O. Box 1575  
Martinsville, IN 46151  
  
1395 East Shore Drive  
Lake Edgewood

MCRW.org

[Member-Service@mcrw.org](mailto:Member-Service@mcrw.org)

765-342-7370

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PAYMENT ARRANGEMENT AGREEMENT

Account #: \_\_\_\_\_  
 Location #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Date: \_\_\_\_\_  
 Total Amt. Due: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_  
 Balance Due: (2) \$ \_\_\_\_\_  
 Monthly past due pmt : (1)\*\* \$ \_\_\_\_\_

Being a member in good standing with Morgan County Rural Water Corporation, I / We understand the amount due is for service rendered at the above address :

(1) I / We agree to pay balance due in (3) three equal monthly installments, beginning \_\_\_\_\_, plus the CURRENT monthly bill each month until paid in full.

OR

(2) I / We agree to pay balance due on \_\_\_\_\_.

*This is with the understanding that if the amount is not paid when due, it will be disconnected and the amount past due will need to be collected, in addition to the delinquency service fee of \$48.00, before service will be resumed.*

**\*\*Payment arrangement schedule:**

<u>Payment due date</u>	<u>Past due payment amount</u>		<u>New usage Monthly bill</u>		<u>Total Payment due</u>
1) _____	_____	+	_____	=	_____
2) _____	_____	+	_____	=	_____
3) _____	_____	+	_____	=	_____

\_\_\_\_\_  
Corporation Employee

\_\_\_\_\_  
Member's Signature