



1395 East Shore Drive
Martinsville, IN 46151

765-342-7370

MCRW.org
Member-Service@mcrw.org

PAYMENT ARRANGEMENT AGREEMENT

Account #: _____

Date: _____

Location #: _____

Total Amt. Due: \$ _____

Name: _____

Amount Paid: \$ _____

Address: _____

Balance Due: \$ _____

Telephone: _____

Monthly past due pmt : \$ _____

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

I / We agree to pay the balance due in (6) six equal monthly installments, plus the current bill each month, beginning the 17th of _____ until paid in full.
(month)

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 \$60.00, 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) _____	_____	+ _____ =	_____
4) _____	_____	+ _____ =	_____
5) _____	_____	+ _____ =	_____
6) _____	_____	+ _____ =	_____

Corporation Employee

Member's Signature