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For Office Use Only	
Date Received:	_____
<input type="checkbox"/> Approved	
<input type="checkbox"/> Rejected	
Reviewed By:	_____
Date:	_____

This Institution is an Equal Opportunity Provider and Employer

PAYMENT ARRANGEMENT APPLICATION	
CONTACT INFORMATION	
Today's Date:	Account #
Account Holder's Name	Owner <input type="checkbox"/> Renter <input type="checkbox"/>
Address:	City State Zip
PAYMENT ARRANGEMENT DETAILS	
Past Due Balance:	Requested Payment Date (N/A if requesting a 3- or 6-month Pay Plan:
<input type="checkbox"/> 3-month (balances > \$100) <input type="checkbox"/> 6-month (balances > \$300) (Pay Plan is subject to 10% simple interest)	
PAYMENT ARRANGEMENT AGREEMENT	

I represent that I am the above-named account holder with an active service agreement with East Central Special Utility District and I acknowledged and agree that the past due balance detailed above is valid and currently due and owing.

1. This payment arrangement represents the final arrangement related to the past due balance detailed above, and that no other arrangements can be made.
2. This form must be received by 4:00 PM, one business day before my scheduled disconnection date, and that this application and agreement is only valid upon written approval by East Central Special Utility District staff.
3. Any tampering, illegal water usage or damage to East Central Special Utility District facilities is a breach of this agreement, and no payment arrangement agreement will be approved for the then remaining past due balance detailed above or any future past due balance.
4. If I have requested a 3- or 6- month pay plan, I must pay the monthly bill plus my pay plan amount by the due date, and that failure to pay by the due date of the full amount of either any installment due under this agreement or monthly service charges, is a breach of this agreement and applicable rules, and will result in the assessment of disconnect fees and immediate disconnection of service.
5. If my service is disconnected, I must immediately pay the full past due balance and any assessed fees prior to having my service reconnected.

 Account Holder Signature

 Date