APPLICATION FOR PAYMENT ARRANGEMENT

Complete and return this form with all required documents and information to:

Scott County PSA
156 Legion Street
Weber City, VA 24290
276-386-3401

Mark the appropriate boxes and fill in the required blanks:

	☐ **Connection fees**	☐ **Past due monthly bills**	
Payment is for:	The maximum term is 24 months for a water or a sewer connection. The maximum for both connections is 36 months. There is no interest charged.	The maximum term is 12 months to pay off a past due bill for monthly usage. There is no interest charged.	
Amount owed:	$	$	
Amount to finance:	$	$	
Monthly payment: (determined by SCPSA)	$_____ for _____ months	$_____ for _____ months	
Customer name:	First:	Middle:	Last:
Service Address:	Street/POB:	City:	State/Zip:
Mailing Address: (If same, leave blank.)	Street/POB:	City:	State/Zip:
Telephone number:	Primary:	Secondary:	
Email address:			
Security info:	Date of birth: / /	Social Security Number:	
Driver's License:	State:	Number:	Exp. Date:
Choose bill delivery:	☐ **Mail**	☐ **Email**	
Choose payment:	☐ **Mail, in-person, or online**	☐ **Automatic bank draft** (must complete separate ACH Authorization Form)	

I, the above named Customer, certify that the above information is correct and that I agree to make the above entered monthly payment for the specified term. Furthermore, I understand that (1) this monthly payment is to satisfy a debt; (2) the monthly payment for this payment arrangement is in addition to my regular monthly SCPSA bill; and (3) I must pay both the above monthly payment for the debt and the amount due for monthly usage to avoid disconnection.

Applicant Signature: _____ **Date:** ____/____/20____

OFFICE USE ONLY:	Received: ____/____/20____	Account No. _____	Scanned: ☐	Staff initials: _____