WEST VERNON PARISH WATERWORKS DISTRICT P.O. Box 400 ~ 5292 Hwy. 171 ~ Anacoco, LA 71403



Today's Date:

P.O. Box 400 ~ 5292 Hwy. 171 ~ Anacoco, LA 71403 Ph. (337) 238-2656 - Fax (337) 238-2658

Website: https://wwwater.myruralwater.com E-mail: wwwater@gmail.com

IF downloading from our website you must print and complete this form then bring the completed form into the office, in person, to have it approved by District Management.

DEFERRED PAYMENT AGREEMENT

•				
I	hereby a	cknowledge that i	my account for service with the	West Vernon Parish Waterworks
District Utility has an outstanding delinquent balance in the amount of \$				In order to continue to
receive ser	vice, I hereby agree to make	a payment in the	amount of \$ as	s of today.
I agree to make payments in the amount of \$, each month for	months ending on the date
of	·			
NOTE:	This payment is due by the	e 15th of each mo	nth <u>in addition</u> to my normal m	nonthly billing amount that will
become du	e.			
I unders	tand that, if I fail to make p	ayments on my a	account, as agreed herein, the	West Vernon Parish Waterworks
District Uti	lity may upon its option dec	lare this agreemer	nt null and void and terminate m	y service with no additional
notice. No	thing herein relieves me from	n my obligation t	o pay in full any such future bill	s as they come due.
Upon w	hich I should fail to abide by	the above agreer	nent and my services are termin	ated, I will be charged a \$50.00
Reconnecti	on Fee to re-establish my se	rvice in addition	to the total balance due remaini	ng on the account. This amount
must be pa	id in full before service is	restored.		
www.xpres	may be made online at: ss-pay.com/pay/westvernonv	7		
Dau	e approved:			
	roved by: f Signature			
Cua	tomer Printed Name:			
Cus	tomer Signature:			
Cus	tomer Account #:			
Met	er #:			
Mai	ling Address:			
City	, State Zip			
Stre	et Address:			
City	, State Zip			
Tele	phone Number:			