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WATER/SEWER PAYMENT PLAN AGREEMENT

- This form is for Water/Sewer payment plan arrangements.
- Penalties will continue to be assessed for any account with an open balance, even upon approval of payment plan agreement.
- Provision of a proper medical exemption may be submitted to request a waiver of penalties, or for special exception to the terms of this arrangement. Medical exemptions may be renewed twice, and MAWSA must continue to receive current charges each month to continue the waiver of service discontinuance.
- The signature of the property owner is required to approve this agreement.
- If this property is a rental, both parties hereby agree to initiate duplicate billing to the tenant.
- **This completed form is due in the MAWSA office prior to discontinuance (shut off) date.**
- **Payment plan agreement will not be considered complete until authorized by MAWSA.**

Date _____ Service ID _____

Service Address _____

Property Owner Name (PRINT) _____

Property Owner Phone # _____ Property Owner Email _____

Property Owner Billing Address _____

Tenant Name (PRINT) _____

Tenant Phone # _____ Tenant Email _____

*Property Owner Name (SIGN & DATE) _____

Signature signifies that you are the deeded property owner of the service location, you fully agree to all terms as stated herein, you certify the accuracy of the information provided herein, you understand that the account with MAWSA and all responsibility for this account are yours as the property owner, and you understand that **service discontinuance will occur without additional notification should this agreement not be upheld.*

Tenant Name (SIGN & DATE) _____

Signature signifies that you fully agree to all terms as stated herein, you certify the accuracy of the information provided, you understand that **service discontinuance will occur without additional notification should this agreement not be upheld.*

BELOW IS FOR MAWSA OFFICE USE ONLY - Payment Plan Schedule

Deposit (Current Charge + \$15) Due Upon Signing	\$ _____
1/8 Total Account Balance	\$ _____
+ 1/4 Average Monthly Bill Amount	\$ _____
= 8 Weekly Payments Amount	\$ _____

Payment Type: Cash Check# _____ ACH Draft Money Order# _____

Due Dates _____

MAWSA AUTHORIZATION SIGNATURE & DATE