

WILKINSBURG-PENN JOINT WATER AUTHORITY

COVID-19 PAYMENT PLAN AGREEMENT

Payee's Name: _____

Property Address: _____

Account Number: _____

Phone: _____ Email: _____

Total Account Balance _____ divided by # months _____ equals _____ due monthly
 (TAB) (see plan offer for amounts) (from contract signature date)

Total account balance (TAB)	30 days (1 month)	60 days (2 months)	90 days (3 months)	120 days (4 months)	150 days (5 months)	180 days (6 months)
	Due Date	Due Date	Due Date	Due Date	Due Date	Due Date

Terms and Conditions:

1. I agree to pay all installments, on time, understanding this means on or before the due date each month.
2. Failure to keep this commitment will result in termination of water service to the above address.
3. If service is terminated for nonpayment, full payment of this agreement will be required for service to be restored.
4. Water service WILL NOT be restored the same day service is terminated.
5. All bills following this agreement are not part of this offer and can result in a shut off if left unpaid.
6. You must stay current on all future bills not covered by this plan.

Signature: _____ Date: _____

Return your signed and dated form. We must receive payment plan agreement in office prior to shut off date.

Email: pplan@wpjwa.com
 Fax: 412-243-5837
 Mail: 2200 Robinson Blvd., Pittsburgh. PA 15221
 Dropbox (located near the drive-thru)

Ways to Pay:

Phone: 1-844-303-0917
 Web: wpjwa.com
 Mail: 2200 Robinson Blvd., Pittsburgh, PA 15221
 Dropbox (located near the drive-thru)