

**Combined Water System**

C/O King Water Company

P.O. Box 915

Coupeville, WA 98239

(360) 678-5336

**Overdue Balance Payment Plan Agreement:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Balance Owing: \_\_\_\_\_

I have read and agree to the terms as stipulated in the Failure to Pay Policy (enclosed).

Monthly payment amount: \$\_\_\_\_\_ (due by the 15<sup>th</sup> of each month; this payment is in addition to the normal billing charge). First payment due: \_\_\_\_\_

I agree that failure to maintain the monthly payment schedule will result in termination of the mitigation process and the full balance will be due in full to avoid the water shut off process.

Signed: \_\_\_\_\_

(Please return this signed form with your first payment.)