

MAIDEN

LIVING MADE EASY

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EQUAL PAYMENT PLAN ENROLLEMENT FORM

(Please Print Clearly)

Customer Name: _____ Date: ___/___/___
Billing Address: _____ City: _____ State: _____ Zip: _____
Customer Account Number: _____ Customer Rt/Seq: _____/_____

The following is a summarization of the current requirements & stipulations of the EPP Program:

- EPP is a privilege service open only to customers with a good payment history with the Town Of Maiden. To Qualify you must have a history of no disconnections for non-payment and no returned checks in the past twelve (12) billing cycles.
- The customer must have had an established history with the Town of Maiden of at least twelve (12) billing cycles.
- Customers can sign up for the EPP Twice a year, in October and in April.
- Billing history is used to calculate the average monthly payment amount. This set amount is to be paid for 11 months (November-September or May-March). In the 12th month (October or April), the account reconciles and a settlement bill is generated. The full settlement balance is due on or before the 15th of that month. If at month 12, the customer has overpaid in the excess of \$10, a refund check is generated. If the customer has overpaid by \$10.00 or less, the amount carried forward as a credit to the account.
- Participants should monitor their accounts balance and request a change in the monthly amount if they see any substantial difference that could indicate a high settlement bill at the end of the EPP cycle.
- In the event of a rate increase, the monthly payment amount will be increased by the same percentage.
- Once your account is in EPP, late payments cannot be allowed. Failure to pay on time and/or payment checks returned for insufficient funds will result in the customer being released form the program, and the account must be settled before services will be restored.

I have read and fully understand the conditions listed above as part of the EPP for the Town of Maiden. By placing my signature below, I agree to and accept these requiriements and stipulations, to enroll in the plan.

Signature: _____ Date: ___/___/___

Office Use Only:

- Customer is eligible for EPP, the monthly payment amount will be: \$ _____
water: \$ _____ Sewer: \$ _____ Electrical: \$ _____ Trash: \$ _____
- Customer is NOT eligible for EPP due to: _____