EAST CEDAR CREEK FRESH WATER SUPPLY DISTRICT
P.O. Box 309 Mabank, TX 75147 903.887.7103 FAX.887.4299

East Cedar Creek FWSD
PAYMENT PLAN AGREEMENT

Date:_____ Account#: _____ Phone #: _____

Name: _____

Address: _____

_____

Briefly describe the situation which makes this payment plan necessary:

_____

_____

_____

East Cedar Creek F.W.S.D. agrees to the following payment plan on _____(today's date). Customer will pay $_____ on _____, 20__.

If payment arrangements are not met as stated in this letter, services will be discontinued.

It is the District's policy to allow two (2) arrangements within a twelve (12) month period.

This is your _____ arrangement in this time period.

_____ _____
Customer Service Rep Date

_____ _____
Supervisor Approval Date

_____ _____
Customer Acceptance Signature Date