

Starr Water Supply Corp.



PAYMENT EXTENSION AGREEMENT

NAME: _____ ACCT#: _____

ADDRESS: _____ DATE: _____

I agree to pay the entire past due balance on my account, no later than 10:00 am in the morning, on _____. The amount due on the account is _____. I understand that if my bill is not paid in full by this time, that my water will be disconnected immediately, and the appropriate reconnect fees will apply. I also understand that there will be no more than two extensions per year.

Signature _____