Application for COVID-19 Emergency Flexible Payment Plan

Account/Application Information

Date:_____Account Number: _____

Street Address: _____

Applicant Name: _____

Mailing Address: _____

Phone Number:_____E-mail: _____

I_____have been financially impacted by the COVID-19 virus and request a flexible payment plan. I request to pay my outstanding balance over the next_____(max 6) months in equal installments.

Outstanding amount: $_____÷_____(months) = $_____Payment amount

Terms and Conditions:
Payments are due by 20th of each month. No bill will be sent for this payment.

Payments are **in addition** to the regularly accrued charges for the account. The applicant may apply to have a maximum of three (3) active flexible payment plans at a time.

Late penalties will not be assessed if all agreed upon payments are made on time.

Late penalties will be applied if payments are not made according to the agreement.

I understand that, should I default on the payment as agreed, City of North Bend may discontinue utility service and service will not be restored until the balance is paid in full plus any disconnect and reconnect fees. I further understand that should I default on this agreement; City of North Bend will not allow another payment plan. All subsequent billings are payable when due.

Applicant Signature:_____Date: _____

Owner (if applicable):_____Phone:_____Date: _____

Submit Application to Utilities@northbendwa.gov or City of North Bend, 920 SE Cedar Falls Way, North Bend, WA 98045

The City will respond to the applicant within 7 business days of receiving the application.

City Use Only

☐ Approved By: _____   ☐ Outstanding amount verified

☐ Rejected Reason: _____   ☐ Payment amount verified

First payment Due Date: _____