



TOWN of  
WAKE FOREST

# Equal Payment Plan

\_\_\_\_\_  
CUSTOMER NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
EMAIL

I certify that the information provided on this form is correct.

The budget billing payment will be determined by the Town of Wake Forest and must be paid by the date it is due each month. I understand that if I accumulate a large credit or debit balance my payments will be adjusted by the town.

**No more than one late fee in the last six months.** In September of each year, I will pay an arrears as shown on my account. If I am late two (2) times, I will be removed from the program.

I understand that I may withdraw from the program at any time by requesting to do so in writing and paying the total on the account.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

FOR STAFF USE ONLY

\_\_\_\_\_  
AMOUNT

\_\_\_\_\_  
START DATE

\_\_\_\_\_  
STAFF INITIALS

- Check here if you would like to receive occasional email communications about Town of Wake Forest programs, services, and special events. You may unsubscribe at any time.

