

TOWN OF MAIDEN  
EQUAL PAYMENT PLAN  
ENROLLMENT FORM

113 W. Main Street • Maiden, NC 28650  
www.maidennc.gov

(Please Clearly Print)

Customer Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_ Customer Rt/Seq: \_\_\_\_\_/\_\_\_\_\_

Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

The following is a summarization of the current requirements and 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 nonpayment, 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 through September). In the 12<sup>th</sup> month (October), the account reconciles and a settle bill is generated. The full settlement balance is due on or before the 15<sup>th</sup>. If at month 12 the customer has overpaid in excess of \$10.00, a refund check is generated. If the customer has overpaid by \$10.00 or less, the amount carries 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 payment cannot be allowed. Failure to pay on time and/or payment checks returned for insufficient funds will result in the customer being released from the program, and the account must be settled before services will be restored.**

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

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Official 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: \_\_\_\_\_