

MAYOR
Steven Denton
COUNCIL
Victoria Kiser
Kerry Hart
Bud Pate
Cathy Kirkland
James Ingold



TOWN MANAGER
Heath Jenkins
POLICE CHIEF
Derek Summey
FIRE CHIEF
Eric Withers
TOWN CLERK
Olea Grishin

Payment Plan for COVID-19 – Executive Orders 124 and 142 Effective March 31 – July 29

Customer Name: _____ Account: _____

Address: _____ Phone #: _____

Customer shall be provided the opportunity to make a Payment Plan up to 6-months for debt accumulated during the period covered by Executive Order 124 and 142 (March 31, 2020 to July 29, 2020).

- It is solely the customers responsibility to request a Payment Plan.
- The Payment Plan will divide the past due amount into 12 equal payments.
- Creation of Payment Plan may take 3-5 business days to process.
- Payment Plans do not become active until the signed contract is received from the customer and processed by the Billing Department.
- No termination of service will occur while a written and signed payment plan is active.
- Failure to make the monthly installments on or before the due date, (25th of each month) agreed upon in the payment plan will automatically cancel the Payment Plan and the account may be subject to late fees and credit and collection process to include termination of service.
- Payment Plan installments will not appear on the monthly bill.
- Payment Plans do NOT cover new monthly bills, charges, fees, etc. and all new bills are due and payable on or before the due date.
- New bills not paid on or before the due date are subject to late fees and credit and collections process to include termination of service.
- Customers will need to sign below agreeing to the terms and conditions and return to the Billing Department for processing.
- Any debt unpaid without a Payment Plan after the required six months post expiration of Executive Order 142 (January 29, 2021) will be subject to late fess and credit and collections process to include termination of service.

For any additional questions contact the Billing Department at 704-263-4779 or email staff@townofstanley.org

Customer's Signature: _____ Date: _____

Promise to Pay \$ _____ in _____ monthly payments, plus my regular bill each month on the due date until balance is paid in full. Failure to make payments on due date will result in termination of Payment Plan and disconnection of service. If Payment Plan is terminated due to nonpayment, balance must be paid in full plus a reconnection fee of \$50.00 to reconnect service.

Billing Department

Date: _____

704.263.4779
416 Hwy 27 South (Mailing) PO Box 279 Stanley, NC 28164