

CUSTOMER PAYMENT PLAN AGREEMENT
WITH
NC SOLID WASTE DEPT.

DATE: _____

TO: NCSWMD

FROM: _____

I AGREE TO PAY \$_____ ON THIS DATE_____.

I ALSO AGREE TO MAKE MONTHLY PAYMENTS OF \$_____ UNTIL MY ACCOUNT IS CURRENT. **MY FAILURE TO COMPLY WITH THIS AGREEMENT SHALL RESULT IN THE REMOVAL OF MY GARBAGE CAN.**

I am also aware that I will not be able to get my garbage can back until my bill is paid in full.

THE AMOUNT SHOULD BE MADE PAYABLE TO "NC SOLID WASTE DEPT."

CUSTOMER SIGNATURE

DATE

WITNESS SIGNATURE

DATE