

WILLOW SPRINGS CONDOMINIUMS

ARRANGEMENT TO PAY

UNIT # _____

DATE: ____/____/____

TEL# (____) _____ - _____

Net balance owed (including all late fees) \$ _____

Date and amount to pay: ____/____/____ \$ _____

Date and amount to pay: ____/____/____ \$ _____

ARRANGEMENT TO PAY

I understand that a payment arrangement is permitted by the Willow Springs Homeowners Association one time per calendar year. I am choosing to utilize this benefit at this time. My signature below attests that I promise to pay as specified above, and should I fail to pay on time, all payment agreements become null and void. In the event I am unable to pay and do not notify the office IN ADVANCE OF MY PAYMENT DUE DATE, full payment will be due immediately plus any applicable charges will be added to my account and must be paid immediately, otherwise my **electricity** and other services will be terminated.

Applicant Signature

Applicant Print Name

Owner Signature

Date

Officer Signature

Date

Owner Signature is required when the arrangement amount exceeds **\$150.00** OR the arrangement request is to extend **14** days past the due date.