



Town of Wilson Creek

www.wilsoncreekwa.com

254 Railroad Street | PO Box 162  
Wilson Creek, Washington 98860

Phone: 509.345.2531  
Fax: 844.473.1909

Mayor: mayor@wilsoncreekwa.com

Clerk/Treasurer Kaci Anderson: clerk@wilsoncreekwa.com

## Current Year Payment Plan Affidavit

**FILL IN THE TOP SECTION ON THIS PAGE ONLY AND RETURN TO TOWN HALL. THE MONTHLY PAYMENT AMOUNT WILL BE CALCULATED AND RETURNED TO YOU FOR SIGNATURE. A COPY WILL THEN BE PROVIDED TO YOU VIA EMAIL.**

Accountholder Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3-digit Account Number(s) (disregard zeros preceding number): \_\_\_\_\_

Email Address: (to receive copy after clerk review): \_\_\_\_\_

### Terms & Conditions

1. The accountholder agrees to make monthly payments by the 25<sup>th</sup> of each month, \_\_\_\_\_ through \_\_\_\_\_, a period of six (6) months, until the current past due balance noted below by the clerk/treasurer is paid in full, in the amount of \$\_\_\_\_\_.
2. The accountholder understands that any payments returned or declined for insufficient funds or other reasons will result in immediate termination of this agreement and will incur a fee for NSF.
3. If payment is not postmarked by the 25<sup>th</sup> of the month, or the first business day if the 25<sup>th</sup> is on a weekend or holiday, a 5% late fee will be applied.
4. The accountholder understands the Town will not be sending reminders or notices regarding payment plan due dates. Regular monthly utility bills will continue to be sent for all future usage and service.
5. The accountholder understands that, if the accountholder is not the property owner, a copy of this agreement will be supplied to the property owner.
6. The accountholder understands that payments can be made by mail to: Town of Wilson Creek, PO Box 162, Wilson Creek WA 98860, or by using our secured dropbox located on the front of Town Hall at 254 Railroad Street.

**I have read, understand, and accept the terms of this agreement. I certify under penalty of perjury that the foregoing is true and correct. I understand that failure to follow this payment plan may result in the account(s) being turned over to a collections agency.**

\_\_\_\_\_  
Accountholder name

\_\_\_\_\_  
Accountholder signature

\_\_\_\_\_  
Date

***Submit to Wilson Creek Town Hall for consideration.  
This payment plan request is not approved until signed by the clerk/treasurer.***

### OFFICE USE ONLY

\_\_\_\_\_  
Total Amount Past Due

\_\_\_\_\_  
Town Clerk/Treasurer

\_\_\_\_\_  
Date