



Finance Department Payment Plan Agreement

Select Payment Plan Type:

- Sewer - Complete Part One, Two, Four & Five
- TOT - Complete Part One, Three, Four, & Five

Please review the Program Terms and Conditions and complete all applicable Parts of this form.

PART ONE - TO BE COMPLETED BY THE PARTICIPANT

Name	<i>First:</i> _____ <i>Last:</i> _____		
Mailing Address	<i>Street Address:</i> _____		
	<i>City:</i> _____	<i>State:</i> _____	<i>Zip:</i> _____
Phone Number: () _____	Email: _____		

IMPORTANT: If your payment Plan account becomes 90 days past due, and you fail to contact us to make arrangements on your account, the City will require the payment of the remaining balance in full.

PLEASE INITIAL:

PART TWO - SEWER

Sewer Account No:	_____	Payment Plan Account Number:	_____
Total Amount Owed:	\$ _____	Payment Plan Amount:	\$ _____

IMPORTANT: Once you have entered into a payment plan you will have two sewer account numbers — a payment plan account number, and a regular sewer billing account number. To make payments toward your payment plan make sure to use the payment plan account number. To determine your total balance due for sewer you must add your payment plan account and your sewer account balances together. This amount is included for you above in the Total Amount owed box.

SEWER - PAYMENT PLAN TERMS (Office Use Only)

Payment Plan Duration:	_____ months	Payment Plan Amount:	\$ _____
Initial Payment Amount:	\$ _____	Initial Payment Date:	_____
Reg Monthly Payment :	\$ _____	Plan Paid in Full by:	_____

PLEASE INITIAL:

PART THREE - TOT (Transient Occupancy Taxes)

STR Number:	_____	STR Address:	_____
Total Amount Owed:	\$ _____	STR Address APN#:	_____

IMPORTANT: A letter will be mailed to the address on part one outlining the payment plan details including start date and monthly payment amount.

PLEASE CONTINUE TO PART FOUR

PART FOUR - PAYMENT PLAN OPTIONS

Select which day of the month you prefer to make your payment: **1st** **15th**

PAYMENT PLAN TERMS & CONDITIONS

The City of Chula Vista is placing you on a payment plan because you are willing but currently unable to pay the full balance of your sewer bill or TOT taxes. The payment plan is in addition to your regular bi-monthly sewer bill or TOT monthly taxes.

- Any payment which is not made by the established due date of each month shall be considered in default, and shall entitle the City of Chula Vista to require the payment of the remaining balance in full or initiate such legal proceedings as the City of Chula Vista determines to be appropriate and necessary. Should the City of Chula Vista file a legal action to collect outstanding amounts due under this agreement, the City of Chula Vista shall be further entitled to recovery of its costs, including reasonable attorney fees.
- Minimum Monthly payment will be no less than \$25 and the maximum term for all payment plans will be determined by the City of Chula Vista upon receive the application.
- All payments will be payable monthly (on established due date) until the outstanding balance is paid in full. Nothing in this agreement shall prevent you from paying amounts greater than the established monthly installment.
- The City of Chula Vista further does not waive any other right of action available by law against the signer.
- If you are enrolled in a payment plan, then you must make required monthly payments on the due date and otherwise comply with all applicable terms and provisions of the program, and all payment requirements. Detailed payment terms have been provided for sewer payment plan accounts in this agreement. Detailed payment terms will be provided in a follow-up communication for TOT taxes.

PART FIVE - SIGNATURE REQUIRED FOR PROCESSING AND ENROLLMENT

I have read and understand the Payment Plan Terms and conditions as described in this application and do hereby certify the information provided is true and correct. By signing this application, I agree to the terms and conditions as outlined.

Signature:

Date:

OFFICE USE ONLY

Payment Plan: Approved Declined Employee Initials/Date: _____

Total Balance Amount Enrolled:	\$	Invoice #:	Date Mailed:	
Plan Duration:	Months	Monthly Payment Amount:	\$	1st Installment Due: