



Baldwin County Solid Waste

22251 Palmer Street

Robertsdale, AL

Office (251)972-6878

Payment Plan Agreement

Account Holder's Name	Account #XXXXXX
Service Address:	*Mailing Address:
*Phone Number:	*Email Address:
*Alternate Number:	*Date of Birthday:
*Social Security #:	*Employer Name:
*Driver's License/Photo ID #:	*Employer Phone #:

Please correct any information that is not correct or pre-filled.

Payment Plan Details

As of, _____, the balance on my account, # _____, is **\$000.00**, and my account is in a delinquent status.
Past Due period of: _____ through _____

Terms of Agreement

Installment	Due Date	Amount
1 st payment	Upon the signing this Agreement	\$
2 nd through 6 th Payments	15th of each month	\$

Date payment arrangement will expire is: _____

Initial each section below
indicating that you
understand.

How My Account Bills

I understand my account bills every FEB, MAY, AUG, NOV, and payment is due in full by the last day of each month that my account is billed.

I understand that my account will continue to bill for service as scheduled while I am in "Payment Plan" status, and that I am still responsible for these charges as well.

LATE FEE POLICY:

Payment is due by the last day of the month in which you are billed. As long as there is an unpaid balance remaining on your account, a late fee of \$10.00 will be added monthly to your balance. *At 90 days past due, this is considered failure to comply with the Solid Waste Collection and Disposal law and can necessitate legal action as provided by the law, which include charging the person in violation with a criminal misdemeanor.*

I have read the Late Fee policy and understand it in it's entirety.