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## **EQUAL PAYMENT PLAN AUTHORIZATION**

(To find out the amount of your Equal Payment please contact GWC at (775) 782-2339)

Name	Account Number	
Service Address	Phone Number	
my next month's bill and cor calculated by the GWC. I un	please enroll me in the GWC's Equal Payment ntinuing each month I will pay the Equal Payment nderstand that I may be removed from this plan so understand that if I wish to terminate this plandays before the next billing.	nt amount as if I fail to make two
Signature	Date	