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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 _____

Yes, my account is current; please enroll me in the GWC's Equal Payment Plan. Beginning with my next month's bill and continuing each month I will pay the Equal Payment amount as calculated by the GWC. I understand that I may be removed from this plan if I fail to make two consecutive payments. I also understand that if I wish to terminate this plan, that I must contact the GWC at least seven (7) days before the next billing.

Signature _____ Date _____