

Payment Arrangement Plan (PAP) Request Form

If you are needing a payment arrangement, please provide the following information:

Date of Request: _____

Account number: _____

Name on the Account: _____

Contact Name: _____

Phone: Cell _____ Home _____ Work _____

Email: _____

Service Address: _____

Mailing Address (if different from above): _____

I, ____ **have** ____ **have not** been financially impacted by the COVID-19 pandemic and I request to pay, on a monthly basis, my outstanding balance over the next ____ months (maximum of 12 months).

Terms and Conditions: By signing below, I hereby agree to the following:

Monthly installment is **in addition to the regular monthly bill** on the account. All subsequent billings are payable when due.

The payment plan will commence the following month after the form is received and approved.

I understand that, should I default on making full payment of the amount due, Kaua'i Island Utility Cooperative (KIUC) shall limit or discontinue utility service and service will not be restored until the balance is paid in full and any associated fees are paid. I further understand that should I default on this agreement, KIUC will not allow another payment plan.

Applicant signature: _____ Date: _____

The customer of record needs to make the request and sign.

A KIUC Representative will respond to the application within 7 business days of receipt.

Submit Completed form to:
Kaua'i Island Utility Cooperative | Member Services Department
4463 Pahe'e Street, Ste. 1 | Lihue, HI 96766
Email: info@kiuc.coop
Fax: 808-246-4315