

## Extended Due Date Form

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_

2. Receives Primary Income From One of the Following:

\_\_\_\_\_ Social Security

\_\_\_\_\_ Supplementary Security Income

\_\_\_\_\_ Pension (Name \_\_\_\_\_)

\_\_\_\_\_ Aid to Families with Dependent Children

\_\_\_\_\_ Aid to the Aged, Blind & Disabled

\_\_\_\_\_ General Assistance

\_\_\_\_\_ Unemployment Compensation

Customer Signature \_\_\_\_\_

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Office Use

Verified \_\_\_\_\_

Due Date \_\_\_\_\_