

PAYMENT AGREEMENT CONTRACT

Account Number _____

Name _____

Service Address _____ Phone _____

Service for original due date of _____ Amount of Bill \$ _____

Date I/we will make payment by: _____

I/We are unable to pay our monthly utility bill by the 25th of the month.

I/We are applying for an agreement contract so that I/we can continue utility services at our residence.

I/We understand that **if payment is not received by 5 pm** on the above stated date that the utility services will be discontinued without further notice and that the full amount of the utility service bill plus a \$75.00 administration fee will have to be paid before services are restored.

Once an agreement is broken I/we understand that I/we are NOT eligible to apply for another Agreement Contract for a period of six (6) months.

Customer Signature _____ Date _____

Taken by _____ Date _____

Collector _____ Date _____