

# PAYMENT ARRANGEMENT

Total Due: \_\_\_\_\_

Service Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



You must pay 50% of the balance on your account to avoid shut off at this time. *Due at this time: \$\_\_\_\_\_*

Failure to make payments based on this arrangement will terminate arrangement, resulting in service being turned off without prior notification. Account must then be paid in full before services are reinstated. A ONE TIME change may be made to payment plan. All balances must be PAID IN FULL no later than 15 days before the next bill is mailed.

**All Returned Checks Will Receive an NSF Fee of \$25.00. NSF fees MUST be paid at time of reimbursement for returned checks.**

**A 4% penalty is applied to all outstanding balances. Penalties are applied one day after the due date of a regular billing cycle, once per quarter.**

Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_