

PAYMENT ARRANGEMENT AGREEMENT

Agreement needs to be made prior to the original quarterly bill due date

Not Applicable for residents who:

Have a Deposit & Water Affidavit or Repeat offenders of the Payment Arrangement Agreement*

Total Due: _____

Service Address: _____

Name: _____

Phone Number: _____

- **Failure to make payments based on this agreement will terminate arrangement, resulting in service being **TURNED OFF WITHOUT PRIOR NOTIFICATION**, and may result in the loss to have any future payment arrangement agreements.***
- **Once a payment is missed the **ACCOUNT BALANCE** must then be **PAID IN FULL - IN CASH OR BY CREDIT/DEBIT CARD** before services are reinstated. Payments are **NOT** accepted by phone.**
- **NOTIFY us prior to the payment due date- if changes need to be made to the payment arrangement agreement.**
- **All balances must be PAID IN FULL no later than 15 days prior to the mailing of the next quarterly bill.** Check with city office for the date.

All Returned Checks Will Receive an NSF Fee of \$25.00. NSF fees **MUST** be paid IN CASH at time of reimbursement for returned checks. A returned check is considered non-payment of the bill and water services may be discontinued at that time.

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: _____

Payment Date: ___/___/___

Amount: _____

Payment Date: ___/___/___

Amount: _____

Payment Date: ___/___/___

Amount: _____

Payment Date: ___/___/___

Amount: _____

Payment Date: ___/___/___

Amount: _____

Payment Date: ___/___/___

Amount: _____

Payment Date: ___/___/___

Amount: _____

By signing below you are stating you have read and agree to the terms above.

Signature: _____ **Date:** _____

E-Mail Address: _____