



# UTILITY BILL PAYMENT AGREEMENT FORM

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*No one except the person whose name is currently on the account or the legal spouse of said person can request any action on an account.*

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

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

Extended Date Requested: \_\_\_\_\_ Acct #: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Agreement #: \_\_\_\_\_

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AGREEMENT WILL NOT EXCEED TEN (10) DAYS PAST THE DISCONNECTION DATE.  
NO MORE THAN TWO (2) AGREEMENTS WILL BE GRANTED IN A  
CALENDAR YEAR (JUNE-JUNE).

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I, the below signed customer, understand that if this account is permitted to remain delinquent past the extended date, service will be disconnected and I will owe an additional \$15.00 reconnect fee if restored before 4:00 p.m. or an additional \$30.00 reconnect fee if restored after 4:00 p.m.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPROVED BY:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_