



# UTILITY BILL PAYMENT AGREEMENT FORM

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***No one except the account holder whose name is currently on the account can request any action on an account.***

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

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

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

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

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***AGREEMENT EXTENSION WILL NOT EXCEED 10 BUSINESS DAYS***

***NO MORE THAN TWO (2) AGREEMENTS WILL BE GRANTED IN A CALENDAR YEAR.***

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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 \$75.00 reconnect fee if restored before 4:00 p.m.

Customer Signa- \_\_\_\_\_ Date: \_\_\_\_\_

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**APPROVED BY:**

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