

UTILITY ACCOUNT DEFERRED PAYMENT AGREEMENT (Fill out form completely)

Date:	Account No.				
Name:					
Address:			Owner: Yes No		
If No – Owner's Nam	ne				
Total Past Due Balance:		Total Due:	:		
Today's Payment:		Delinquent Amt Deferred:			
If you and the uti the dispute If you sign this ag Signing this agree	lity cannot agree of dissues; greement, you agreement does not affe	eement are unreason terms, you may ee that you owe the ect your responsibile to become delinque	ask the PSC Come amount due und ity to pay for your	er the agreement; current service.	
Signature:			Date:		
Telephone (Home)		Work)) (Cell)		
Witnessed by:					
PAYMENT PLAN:	,			*****	
PAYMENT DUE DATE	DEFERRED PAYMENT AMT	NEW BILL (Estimated)	TOTAL DUE	DATE PAYMENT RECEIVED	