OSCEOLA WATER WORKS

PAYMENT ARRANGEMENT:

CUSTOMER INFORMATION

CUSTOMER NAME: _____

ACCOUNT ADDRESS: _____

CURRENT ADDRESS (IF DIFFERENT): _____

ACCOUNT NUMBER: _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: _____

TOTAL AMOUNT OUTSTANDING: _____

THE FOLLOWING PAYMENT SCHEDULE IS HEREBY AGREED TO:

Today, _____ I will pay _____, which is half of the total outstanding. The final balance of _____ will be paid on_____ **BY 3:00 PM OR MY SERVICES WILL BE DISCONNECTED.**

NOTICE: THIS PAYMENT ARRANGEMENT IS IN ADDITION TO YOUR REGULAR MONTHLY UTILITY BILL. YOUR REGULAR MONTHLY UTILITY BILL MUST REMAIN CURRENT (PAID BY THE 15TH OF EACH MONTH) DURING THE TIME OF THIS PAYMENT ARRANGEMENT. THIS DELINQUENCY MUST BE PAID IN TWO MONTHS OR LESS.

I HEREBY COMMIT AND AGREE TO THE PAYMENT SCHEDULE SET FORTH ABOVE. FURTHERMORE, I UNDERSTAND THAT IF AT ANY TIME I FAIL TO UPHOLD THE TERMS OF THIS AGREEMENT, MY ACCOUNT SHALL BE DEEMED DELINQUENT AND SHALL BE SUBJECT TO IMMEDIATE SHUTOFF.

SIGNATURE OF ACCOUNT HOLDER: _____

DATE OF PAYMENT ARRANGEMENT: _____