

DEFERRED PAYMENT AGREEMENT

Acct

_____ Name _____ Address _____

Size of Delinquent Acct. \$ _____ Previously Late? _____

Date of Original Bill _____ Reason Debt is Outstanding _____

Any other Relevant Factors concerning the circumstances of this customer? _____

PAYMENT SCHEDULE:

DATE/WHEN

AMOUNT PROMISED

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

No extension past the next monthly billing date (1st of the Month) without Dept. Head

Approval. _____ (initials)

Note: If the applicant has not fulfilled the terms of the Deferred Payment Agreement, the utility shall have the right to disconnect service or refuse service in accordance with PSC rules, and under such circumstances, it shall not be required to offer subsequent negotiation of a Deferred Payment Agreement prior to disconnection. If disconnected, a \$35 to \$60 reconnect charge will be added to the balance.

Any payment made by the customer in compliance with this agreement shall be first considered made in payment of the earliest account balance with any remainder credited to the current balance.

IF YOU ARE NOT SATISFIED WITH THIS AGREEMENT, DO NOT SIGN. IF YOU SIGN THIS AGREEMENT YOU GIVE UP THE RIGHT TO DISPUTE THE AMOUNT DUE UNDER THE AGREEMENT EXCEPT FOR THE UTILITY'S FAILURE OR REFUSAL TO FOLLOW THE TERM OF THIS AGREEMENT.

DATE _____

Customer Signature

CONTACT INFORMATION (required):

Phone Number: _____ Email Address _____

Copy sent to property owner on _____ (bills over \$100)

Employee initials that accepted this request _____