

PAYMENT ARRANGEMENT

Two forms of identification are required, at least one must be a photo I.D.

Acct # _____ 1st PA ____ 2nd PA ____ Balance \$ _____

Full Legal Name _____ Address _____

Billing Address (if different) _____

Social Security # _____ Driver's License # _____

Home Phone _____ Work Phone _____ Cell _____

Date of Birth _____ Spouse/Significant Other/Roommate Date of Birth _____

Spouse/Significant Other/Roommate Legal Name _____

Emergency Contact Name _____ Their Phone _____

Customer states that in response to pending termination of utility services that they cannot pay their bill because _____ .

Customer acknowledges that their account has an outstanding balance in the amount listed above and agrees to the following payment schedule:

Date due _____ Amount due _____

Date due _____ Amount due _____

Customer agrees to the following:

1. Failure to make payments as agreed will declare this agreement null and void. The City of Yukon will terminate utility services. The entire balance will be due.
2. All regular monthly utility bills received during the course of this agreement will be due in full by the 15th day of each month. Any and all payments made under this agreement will not relieve the customer from the responsibility of paying their monthly bills.
3. Payment arrangements are limited to two times per calendar year.
4. An additional fee of \$10.00 will be added to the account for the first time customer fails to pay as agreed. Thereafter, an additional fee of \$20.00 will be added to the account for each subsequent time customer fails to pay as agreed. These fees must be paid in full prior to service restoration, along with all other required fees, and will not be billed to the customer.

I hereby certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand I will be responsible for any additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance, as allowed by law.

Customer Signature

Date