

COVID-19 UTILITY DEFERRED PAYMENT AGREEMENT

Account Number: _____

Customer Name: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____

I agree to the following Payment Plan:

_____ 6 Months – 1/6th of deferred amount due with current bill each month by the due date
or

_____ 12 Months – 1/12th of deferred amount due with current bill each month by the due date

_____ If I have a deposit on file, please apply it to my account.
(must have service for at least three months)

I understand, if this payment plan is not followed as agreed, this agreement will no longer be valid, and my utility account will be subject to disconnection. Service will not be restored until overdue amounts of the plan have been paid. Applications must be received by **June 30, 2020 at 5:00 pm**. A notification of acknowledgement will be sent to each customer upon approval of the payment plan.

Signature: _____ Date: _____

