

**CITY OF ST. CHARLES
PAYMENT AGREEMENT FORM**

IF YOU ARE UNABLE TO PAY YOUR PAST DUE UTILITY BILL IN FULL, PLEASE COMPLETE THIS FORM AND RETURN IT TO ST. CHARLES CITY HALL, 830 WHITEWATER AVENUE, ST. CHARLES, MINNESOTA 55972.

NAME: _____

ADDRESS: _____

PHONE #: Home: _____ Work: _____

ACCOUNT #: _____

TOTAL AMOUNT OWED: \$ _____

DATE: _____

PAYMENT ARRANGEMENT:

PLEASE REMEMBER THAT THIS PAYMENT ARRANGEMENT IS INTENDED TO SCHEDULE THE REPAYMENT OF YOUR PAST DUE ACCOUNT ONLY. YOU WILL BE EXPECTED TO MAKE FULL PAYMENT ON ALL CURRENT AND FUTURE UTILITY BILLS THAT YOU RECEIVE. LATE FEES WILL CONTINUE TO ACCRUE ON ANY OUTSTANDING BALANCES AFTER THE 15TH OF THE MONTH. IT IS TO YOUR ADVANTAGE TO MAKE PAYMENTS AS QUICKLY AS POSSIBLE TO AVOID EXTRA LATE FEES. YOU MUST PAY 20% OF THE OUTSTANDING BALANCE AT THE TIME THIS ARRANGEMENT IS MADE.

I PROPOSE TO PAY MY PAST DUE UTILITY ACCOUNT ACCORDING TO THE FOLLOWING SCHEDULE OF PAYMENTS:

\$ _____	BY (date) _____	(20%)
\$ _____	BY (date) _____	(20%)
\$ _____	BY (date) _____	(20%)
\$ _____	BY (date) _____	(20%)
\$ _____	BY (date) _____	(20%)

BY SIGNING THIS FORM, I HEREBY ACKNOWLEDGE THAT FAILURE TO MEET THE TERMS OF THE PAYMENT ARRANGEMENT WILL RESULT IN THE IMMEDIATE DISCONNECTION OF MY UTILITY SERVICE.

Signature

Date