

**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.  
(507) 932-3020**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PAST DUE 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 BY THE 15<sup>TH</sup> OF THE MONTH. FAILURE TO PAY THE CURRENT CHARGES BY THE 15<sup>TH</sup> OF THE MONTH NULLIFIES THIS PAYMENT ARRANGEMENT.**

**LATE FEES WILL CONTINUE TO ACCRUE ON ANY OUTSTANDING BALANCES AFTER THE 15<sup>TH</sup> 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 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**