



Deferred Payment Agreement (DPA)

On Water and Sewer Service Billings in excess of 200% of normal billing

Today's Date _____ Account No. _____

Name: _____

Street Address: _____

Owner: Yes _____ No _____

If no – Owner's Name: _____

Brief reason for requesting a Deferred Payment Agreement:

PAYMENT PLAN:

Account Balance: _____

Today's Payment (20% Down Pmt): _____

Balance Deferred: _____

PAYMENT DUE DATE	AGREED DEFERRED PAYMENT AMOUNT

Based on your average bill amount, you're estimated monthly Payment amount will be \$_____ for the next ____ Month's.

*A DPA consists of two elements; a down payment of 20% and an installment plan to pay the remaining outstanding balance. **On a monthly basis, a customer with a DPA is required to pay his or her current charges in full, in addition to the agreed upon installment payment.** The Utility Department must receive payment on or before the 10th of each month.*

**The installment period is based on a 12 month period and is subject to change under certain conditions.*

I, **(Print Name)** _____ agree to the above Deferred Payment Agreement plan until my delinquent bill is paid in full. I understand that failure to do so or to notify the city of any reason I cannot honor this agreement may result in a disconnection.

Signature: _____ Date: _____

Telephone: (h) _____ (w) _____ (cell) _____

If you are not satisfied with this agreement or do not feel you can make the payments, please do not sign. You will then be responsible for the full amount of your bill on the due date.

Authorized Signature (City Official): _____ Date: _____

Comments (for office use only) _____
