

PAYMENT AGREEMENT CONTRACT

Acct# _____

Name _____

Service Address _____

Service for the Month of _____ Amount of Bill \$ _____

Date I/we will make payment by: _____

To the City of Canton

I/We are unable to pay our monthly utility bill by the 25th of the month.

I/We are applying for an agreement contract so that I/We can continue utility services at our residence.

I/We understand that if payment is not made by 5p.m. on the above stated date that the utility services will be discontinued without further notice and that the full amount of the utility service bill plus a \$75.00 administration fee will have to be paid before services are restored.

Once an agreement is broken I/We understand that I/We are NOT eligible to apply for another Agreement Contract for a period of 6 (six) months.

Customer Signature _____ Date _____

Collector _____ Date _____