

ANDERSON CITY UTILITIES

FEE: \$20.00

LONG TERM PAYMENT AGREEMENT

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

CUSTOMER NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_ SECTION \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DUE \_\_\_\_\_ LESS 30% \_\_\_\_\_ BALANCE DEFERRED \_\_\_\_\_

NUMBER OF MONTHS DEFERRED \_\_\_\_\_

**MONTHLY AMOUNT TO BE PAID ALONG WITH CURRENT BILL** \_\_\_\_\_

STARTING MONTH \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

I hereby agree to pay Anderson City Utilities the amounts as agreed above. I understand that if one (1) payment is missed, this agreement is considered broken and I **WILL BE DISCONNECTED WITHOUT FURTHER NOTICE.** Once this agreement is broken I will not be allowed to sign another agreement for 12 months. This agreement must be paid to a -0- balance by the time the agreement expires. This agreement overrides any medical letter notifications. A returned check will void this agreement and the services will be disconnected without further notice.

CUSTOMER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DUE DATE	5/B PAID	PAYMENT	DATE PAID	BALANCE	

NOTE: PAYMENT MUST BE MADE ON OR BEFORE MONTHLY DUE DATE OF CURRENT BILL. IFA PAYMENT IS MISSED, IT WILL NOT CARRY FORWARD TO THE NEXT BILL. YOU'RE ACCOUNT WILL BE ELGIBLE FOR DISCONNECT AT ANY TIME.