



THE CITY OF  
**DOWAGIAC**

CREATING  
TOMORROW

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

**REQUEST FOR YEARLY BUDGET PLAN AGREEMENT**

The terms and conditions of this Payment Plan are as follows:

Monthly Payment Amount: \$

Due: on or before THE 10<sup>TH</sup> OF EACH MONTH

- A. The monthly payment will be reviewed periodically, and the current bill reviewed as necessary, to monitor the payment arrangement.
- B. Plan payments are due by the 10th of each month.
- C. Any late or missed Plan payment will result in the voiding of this agreement.
- D. If this agreement is voided, any outstanding balance (excluding current amount due) will be immediately due and subject to the City's disconnect procedures.
- E. If a Plan is voided due to non-payment, the customer will not be eligible to apply for another Plan for one year following discontinuance.

I agree to the terms and conditions of the Payment Plan Agreement as noted above. I understand that if I fail to pay the arranged amount, my service may be disconnected in accordance with the City's disconnect requirements.

Customer Signature \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

Phone Number: \_\_\_\_\_

(Payment Plan Agreement)