



UTILITY BILLING

PAYMENT ARRANGEMENT

One form of identification is required, must be a photo ID

This form is for residential customers; two pay arrangements per calendar year.

Account # _____ 1st PA _____ 2nd PA _____ Balance \$ _____

Full Legal Name: First _____ MI _____ Last _____

Service Address _____

Billing Address, if different _____

Social Security # _____ DL # _____ State _____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell _____

Spouse/Co-Occupant Name _____ MI _____ Last _____

Their Work Phone _____ Their Cell _____ Their Date of Birth _____

Emergency Contact Name _____ Their Phone _____

Customer acknowledges that they have an outstanding balance and agrees to pay:

Date due _____ Amount Due _____

Date due _____ Amount Due _____

Customer agrees to the following

1. Failure to make payments as agreed will declare this agreement null and void. The City of Yukon will terminate utility services. The entire account balance, a service restoration fee and any other applicable fees will be due before the meter will be turned back on.
2. All regular monthly utility bills received during the course of this agreement will be due in full by the 15th day of each month to avoid additional late fees.
3. Payment arrangements are limited to two times per calendar year
4. An additional fee of \$10.00 will be added to the account for the first time customer fails to pay as agreed. Thereafter, an additional fee of \$20.00 will be added for each subsequent time customer fails to pay as agreed. These fees must be paid in full prior to service restoration along with all other required fees and will not be billed to the customer.

I hereby certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I understand it is unlawful for someone other than the City of Yukon to tamper with the water meter at my address which is subject to additional charges and court fines. I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency I understand I will be responsible for any additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Customer Signature _____ Date _____