

PAYMENT ARRANGEMENT AGREEMENT

Account #: _____

Date: _____

Location #: _____

Total Amt. Due: _____

Name: _____

Amount Paid: _____

Address: _____

Balance Due: \$ _____

Telephone: _____

Monthly past due pmt : _____

Being a member in good standing with Morgan County Rural Water Corporation, I / We understand the amount due is for service rendered at the above address

I / We agree to pay the balance due in (6) six equal monthly installments, plus the current bill each month, beginning the 17th of _____ (month) until paid in full.

****Payment arrangement schedule:**

<u>Payment due date</u>	<u>Past due payment amount</u>		<u>New usage Monthly bill</u>		<u>Total Payment due</u>
1) _____	_____	+	_____	=	_____
2) _____	_____	+	_____	=	_____
3) _____	_____	+	_____	=	_____
4) _____	_____	+	_____	=	_____
5) _____	_____	+	_____	=	_____
6) _____	_____	+	_____	=	_____

 Corporation Employee

 Member's Signature