



RESIDENTIAL/COMMERCIAL CUSTOMER PAYMENT AGREEMENT

Today's Date _____ Account # _____
Account Name _____
Service Address _____

I am unable to pay the account balance in full, I will pay according to the following schedule:

Table with 2 columns: AMOUNT, DUE DATE. Three rows of blank lines for entries.

I understand that if payment is not received in the Utility Billing Office on the promised due date, my service will be discontinued with no further notice, and a \$75.00 Shut-Off fee will be charged to my account. Once service is discontinued, the past due must be paid in full in order to restore service. I also understand that if I fail to abide by this agreement I will be ineligible to make another payment agreement for one year from the date of signature on this document. I agree, by signing below, that I am aware that this agreement is not valid unless signed by an authorized staff member.

By signing this agreement, I certify that I am either: (i) the owner of the premises listed as the service address above; (ii) an agent of the owner, who has specifically authorized me to sign this agreement on his/her behalf; or (iii) a tenant of the owner, if specific written authorization from the owner has been placed on file with the City. I understand that my breach of this certification is grounds for immediate termination of this agreement by the City in addition to any and all other applicable remedies and penalties. I further agree to fully indemnify, defend, protect and hold harmless the City from any and all losses, claims, damages, costs and/or causes of action arising out of any such breach.

Customer's signature _____

Daytime Telephone _____

Below this line is for office use only.

Approved _____ Utility Billing Clerk: _____ Date: _____
Denied _____ Finance Manager: _____ Date: _____

THE ADVENTURE STARTS HERE!

City of Monroe
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