



WASHINGTON

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:

AMOUNT	DUE DATE
_____	_____
_____	_____
_____	_____

I understand that if payment is not received in the Utility Billing office on the promised due date by 5:00pm, my service will be discontinued with no further notice, and a \$75.00 Shut-Off fee will be charged on my account, and late fees will start being charged. Postmarks will not be accepted. I understand to restore services, my account will have to be brought current(all past due payment plus fees must be paid in full). 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: _____

806 West Main Street, Monroe, City of WA Monroe98272
 Phone (360) 794-7400 Fax (360) 794-4007