Utility Billing Department
100 W. Center St. / P.O. Box 40
Kyle, Texas 78640
512-262-3960 office
512-262-3800 fax

EXTENDED PAY AGREEMENT

Account # _____

Service Address _____

Phone Number: _____ Cell Home Work Other

I am requesting an extension on my water bill due to _____

_____.

I agree to pay $_____ / month in addition to my current water bill and any penalty charges assessed on the account (until paid in full), for a period of _____ months.

I understand that if I do not keep the agreement that service will be terminated and will not be restored until past due amount AND all service charges are paid in full. I also understand that no further arrangements will be made.

This agreement does not stop any penalty charges from being applied to the account.

_____
Name

_____ _____
Signature Date

THIS AGREEMENT MAY BE BROUGHT INTO THE OFFICE
OR
FAXED TO 512-262-3800, ATTN: UB SUPERVISOR

OFFICE USE ONLY: APPROVED: Supervisor Initials _____

DATE PAID	PAYMENT METHOD	AMOUNT PAID	BALANCE $_____