



<b>For Office Use Only:</b>	
Account #	_____
Paid:	_____
Date:	_____
PA: 1:	<input type="checkbox"/> or 2: <input type="checkbox"/>

# Town of Columbus

PO BOX 146 · Columbus, NC 28722 · (828) 894 – 8236

## Payment Agreement

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Service Address: \_\_\_\_\_

I do hereby agree to pay the Town of Columbus per the following schedule:

Amount: \$ \_\_\_\_\_

Per Week:

Per Month:

Other (explain): \_\_\_\_\_

By signing below, I understand and agree to the following terms:

1. A commitment by a third party will not be accepted in place on an actual payment on or before the promised date. Payments will be made as agreed. If a payment is missed or late, water service will be disconnected until the bill is **paid in full, including all applicable penalties.**
2. Failure to comply with terms of this agreement can be caused to deny future payment agreements.
3. Any changes or additions to this agreement must be in writing. **Phone calls requesting changes, additions, or new agreements will not be accepted.**

Initials

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Water Billing Approval: \_\_\_\_\_

*Payment agreements \$1.00 - \$600.00 no more than a six-month payment agreement allowed.*

*Payment agreement \$700.00 and above no more than a twelve-month payment agreement allowed.*