

**CITY OF PARMA
UTILITY BILLING
SHORT TERM PAYMENT AGREEMENT**

Date: _____

Account # _____

Choose one of the options below: Payment agreements may not extend beyond sixty (60) days from the date this agreement is signed. Accounts must be paid in full by the end of the sixty-day period.

I, _____ agree to have my account balance of \$ _____ paid in full on the agreed payment date of _____.

I, _____ agree to have my account balance of \$ _____ paid in _____ part payments of \$ _____ each on the agreed date(s) of _____ and paid in full on the agreed payment date of _____.

I UNDERSTAND THAT IF I DO NOT ABIDE BY THE TERMS OF THIS PAYMENT AGREEMENT MY SERVICES WILL BE DISCONNECTED WITHOUT FURTHER NOTICE AND A \$25.00 FEE WILL BE ASSESSED TO MY ACCOUNT. UPON DISCONNECTION I UNDERSTAND AND AGREE THAT BOTH THE BALANCE DUE AND THE DISCONNECTION FEE, TOGETHER WITH ANY APPLICABLE RECONNECTION FEES, MUST BE PAID BEFORE MY SERVICES WILL BE RECONNECTED.

CUSTOMER SIGNATURE

CITY CLERK SIGNATURE