

**East Cedar Creek FWSD
PAYMENT PLAN AGREEMENT**

Date: _____ Account#: _____ Phone #: _____

Name: _____

Address: _____

Briefly describe the situation which makes this payment plan necessary:

East Cedar Creek F.W.S.D. agrees to the following payment plan on _____ (today's date).
Customer will pay \$ _____ on _____, 20__.

If payment arrangements are not met as stated in this letter, services will be discontinued.

It is the District's policy to allow two (2) arrangements within a twelve (12) month period.

This is your _____ arrangement in this time period.

Customer Acceptance Signature Date

Customer Service Rep Date

OFFICE USE ONLY:

Entered on account: _____ Scanned: _____

Date: _____