## **PAYMENT AGREEMENT**

Customer Name:			
Account #:			
	the City of Marion may tem	the date listes below. I understand inate my utililty services, effective	
Payment arrangemen	nts agreed upon as follows:		
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
Amount Due:	Due Date:	Signature:	Date:
On		re	quested the following action
		ere not met.	