

UTILITY CUSTOMER SERVICE
 201 WEST CHACO
 AZTEC, NEW MEXICO 87410



OFFICE: (505) 334-7670
 FAX: (505) 334-7679

PAYMENT ARRANGEMENTS

DATE _____ PHONE# _____ (WORK#) _____
 CUSTOMER NAME _____ ACCT# _____
 SERVICE ADDRESS _____ MAILING _____

The customer understands that this payment agreement is solely for their convenience. If the customer cannot keep the agreement, it is their responsibility to obtain other financing. If customer fails to meet extension agreements twice, the City will not allow further payment extensions to be made.

- I, the customer named above, agree that, as of this date, the below figure represents a true and accurate past due balance of my utility account. **I agree to make full payment for my current monthly bill on or before the due date while I am making payments on my delinquent balance.**
- I agree to make the following payments for my balance:

AMOUNT	DATE DUE	AMOUNT PAID	DATE PAID	BALANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. I understand that if I do not make the above payments on schedule, my utility service will be disconnected without prior notice by the City of Aztec.

4. I understand that I will not receive a notice of reminder.

Customer Signature _____ Date _____ Utility Department Representative _____ Date _____

 Utility Department Use Only

Notes: _____
