



City of Leander Utilities
PO Box 317
Leander, TX 78646-0317

Office Hours: 8 a.m. to 5 p.m., M-F
Office: (512) 259-1142
Email: customercare@leandertx.gov

After Hours Emergencies, Call: (512) 259-2640

PAYMENT EXTENSION FORM

PLEASE SPEAK WITH A CUSTOMER REPRESENTATIVE BEFORE SUBMITTING THIS FORM. PAYMENT EXTENSIONS ARE REVIEWED BY CITY OF LEANDER UTILITIES AND ACCEPTED ON A CASE-BY-CASE BASIS. YOUR COMPLETION OF THIS FORM DOES NOT GUARANTEE DEFERMENT OF UNPAID ACCOUNT BALANCES.

CUSTOMER NAME _____ DATE _____

SERVICE ADDRESS _____

ACCOUNT # _____

HOME PHONE # _____ WORK PHONE # _____

I understand the current balance on my account in the amount of \$ _____ is now due, and I wish to defer this amount to a later date. I agree to pay this amount in full on or before the following date: _____.

This payment extension agreement is only applicable to my account balance as of the date listed above. It does not defer my obligation to pay any other fee or utility bill issued to my account.

I understand that my next bill is due on _____ and the amount due is \$ _____.

**** Any payments submitted after the due date will be assessed a penalty of either
\$10 or 10% of the unpaid account balance, whichever amount is greater. ****

I ALSO UNDERSTAND THAT IF CITY OF LEANDER UTILITIES DOES NOT RECEIVE MY PAYMENT BY CLOSE-OF-BUSINESS ON THE DATE SPECIFIED ABOVE, MY UTILITY SERVICE WILL BE TERMINATED AND A REINSTATEMENT FEE WILL BE ADDED TO MY ACCOUNT. THE ENTIRE BALANCE AND APPLIED FEES WILL THEN BE DUE IN ORDER TO RENEW SERVICE.

I hereby agree to the above terms and conditions:

CUSTOMER SIGNATURE

DRIVER LICENSE #

STATE