



E-mail: _____

Monthly

Date	Payment	Date	Payment	Date	Payment	Date	Payment
TOTAL							

By signing below, the customer agrees to the terms herein and set forth in this payment arrangement.
Initial Each Statement

_____ I understand that this payment arrangement **PAST DUE AMOUNT** must be paid on the above due date.

_____ I understand that my current bill must be made on the due date as stated on the monthly bill.

_____ I understand that if either of the above conditions are not met, my service becomes delinquent and this agreement is null and void. Full payment of the remaining past due amount is due immediately in order to keep service from being disconnected.

Customer Signature

DL# or ID#

UB Manager

Approved Date

Customer Service Rep

Date

City of Princeton
Utility Billing Department
2000 E Princeton Drive
Princeton, TX 75407
Phone: 972-736-2711
Fax: 972-734-2548
Email: utilitybilling@princetontx.us
www.princetontx.gov