



# Equal Pay Request for Utility Billing

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Customer City Account Number \_\_\_\_\_

I hereby agree to pay my future utility bill in equal monthly amounts, as follows:

Monthly Payment Amount: \$ \_\_\_\_\_

The equal pay amount listed above will be automatically deducted from your checking or savings account. The bill is due on the 20th of the month, if the 20th should fall on a weekend the automatic deduction will occur the Friday before. If the 20th falls on an observed holiday, the funds will be pulled the preceding business day.

What type of account will funds be drawn from? *(Please circle one)*      Checking      Savings

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

I understand that the payment amount is based on estimated charges. Adjustments will be made on at least an annual basis. Account balances in arrears or credits will be carried forward in re-computing subsequent annual plans.

I further understand that delinquency in payment will subject my account to a late payment penalty and to regular procedures for disconnection of service, regardless of actual account balance.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Utility Services Representative Signature \_\_\_\_\_ Date \_\_\_\_\_