



WATER / SEWER ACCOUNT PAYMENT ARRANGEMENTS

ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

Arrangement details: _____

Customer Name (please print)

Customer Signature

The above customer agrees to the arrangements listed for the service address listed above and is in full understanding that if these payment arrangements are not kept that service will be shut off (another red tag will not be issued and the customer is waiving their rights to the 72 hour notice before shut off) and the account will have to be brought current before services are restored.

Finance Department

Date

FINANCE DIRECTOR

Date

ALL ACCOUNTS WITH BALANCES OVER \$300, WITH PAYMENT ARRANGEMENTS THAT ARE GOING TO EXCEED 30 DAYS, MUST HAVE THE APPROVAL OF THE FINANCE DIRECTOR.

**ARRANGEMENTS ARE NOT VALID UNTIL SIGNED
BY A MEMBER OF THE CITY OF EAST MOLINE FINANCE DEPARTMENT.**