

CITY OF AUBURN
P.O. Box 238
209 Pine Street
Auburn, IA 51433
cityofauburn@yahoo.com
712-688-2264

PAYMENT AGREEMENT FOR DELINQUENT UTILITY BILL
2nd Payment Arrangement

Date: _____

Delinquent Balance: \$ _____

1ST Payment Due on: _____

Balance on Payment Plan: \$ _____

Number of Payments _____

Amount of each payment \$ _____

Due Date: _____

I agree to make payment as above, until the delinquent balance is paid in full.

In addition, as a term of this agreement, I agree to pay **each new monthly bill by the due date, which is the 20th of the month.**

I acknowledge that should I fail to honor this agreement, The City of Auburn will disconnect utility service on **24 hour** notice.

Name on Account: _____

Address: _____

Account Number: _____

Signature of Responsible Party _____