## **COMBINED CONSUMERS SPECIAL UTILITY DISTRICT**

10446 Highway 751 P.O. Box 2829 Quinlan, Texas 75474-2829 Phone 903.356.3321 Fax 903.356.3322 800.545.4517

## **Payment Agreement**

Name:			
Address:			
City, State, Zip:			
Account #:			
Cycle:			
Total Amount to Be Fi	nanced:	(Total Including Initial Payment)	
Initial Payment:			
Subsequent Payment:	Due Date:	: Disconnect Date:	
Subsequent Payment:	Due Date:	: Disconnect Date:	
Subsequent Payment:	Due Date:	: Disconnect Date:	
Subsequent Payment:	Due Date:	: Disconnect Date:	

All payment plans must include payment of current monthly bills.

**NOTE:** A customer's water service may be disconnected if the payment has not been received by 8:00 a.m. on the disconnect date shown on this notice. Upon disconnection, past due amounts plus a \$80.00 locking/unlocking fee must be paid to reinstate service. If you have any questions regarding this arrangement, please contact our office.

## Please understand this Payment Agreement takes precedence over any other billing statement you might receive.

Customer Signature:	District Signature:	
Date:	Date:	
<b>**In</b> the event that the Payment Agreement is <u>NOT</u> kept in its entirety <u>NO</u>		
future agreements will be made.**		