



PRINCETON  
TEXAS

UTILITY BILLING  
PAYMENT ARRANGEMENT

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

Service Address: \_\_\_\_\_

Mailing Address, if different than Service Address: \_\_\_\_\_

Service Account #: \_\_\_\_\_ Primary Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**This Payment Arrangement is requested for only the charges noted below. If any due date is not met, your account will be placed into delinquency and subject to disconnection on the next working day. This Payment Arrangement does not include future billing or any other monies due to the City. Requests for final billing or a bankruptcy filing by customer shall void this agreement.**

**PAST DUE AMOUNT:**  **Circle one: Weekly Bi-Weekly Monthly**

**Agreement**

| 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

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