

PAYMENT AGREEMENT

I _____ of _____ Camanche, Iowa do hereby acknowledge that I owe the City of Camanche the sum of \$ _____ for past services and related fees.

My account number is: _____

I agree that this agreement requires an initial payment of 25% of my bill. That amount is \$ _____.

Payment Agreement needs to be returned to City Hall by 10/06/2024. May not be turned in after 10/20/2024.

I also agree that final payment will be made no later than the final business day of the following month. I understand that for this cycle, the final business day is:

11/19/2024 I have requested a payment agreement and that the City and I have agreed to the following payment schedule.

DATE

PAYMENT AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that if I do not make the payments as agreed upon and no terms have been modified by the City of Camanche, my utilities will be shut off and that I will be required to make payment in full of all amounts due including shut off fees, prior to restoration of my services. I further understand that no additional notices will be provided by the City of Camanche and should I default on this agreement my services may be disconnected without notice.

DATE

SIGNATURE