



ARREARAGE PAYMENT AGREEMENT

Resident Name: _____

Resident Address: _____

Resident Phone Number: _____

Resident Account Number: _____

Balance Due on Account: \$ _____

Payment Amount: \$ _____ Weekly / Bi-Weekly / Monthly (Circle one)

Pay on Date: _____

I hereby agree to this payment agreement schedule for charges incurred at Village of Howard City until my account balance is paid in full. My failure to make payments without notification to the Village of Howard City will null and void this agreement. Village of Howard City will have full discretion for unpaid accounts and will take necessary action to collect any unpaid balances.

TO BE COMPLETED BY THE VILLAGE

Approved

Denied

Resident Signature

Date

Village Manager Signature or Designated Representative

Date