



**City of Glenn Heights
Utility Billing Department**

***** All Past Due Balances Are Subject To Penalties*****

Payment Arrangement Agreement Form

**Service will be disconnected if agreement is broken and
will not be restored until past due amounts are paid in full.**

Account #: _____

Account Holder Name: _____

Phone #: _____

Service Address: _____

I need a payment arrangement on my utility bill of \$ _____

Payment \$ _____ on _____

Remaining Balance \$ _____

I will pay the current bill plus an additional \$ _____ for a total of _____ months.

**I understand that if I do not keep my agreement, service will be terminated,
and no further arrangements can be made.**

Name: _____ Signature: _____

Date: _____

Taken by: _____ Date: _____