City of Greenwood
grounded & growing

DEFERRED PAYMENT SCHEDULE AGREEMENT

NAME:_____

ADDRESS:_____

UTILITY #:_____

I DO HEREBY AGREE TO THE FOLLOWING DEFERRED PAYMENT SCHEDULE AGREEMENT, TO BE PAID IN FULL BY _____.

BALANCE DUE:_____

WEEKLY INSTALLMENT:_____

BI-WEEKLY INSTALLMENT:_____

I ALSO UNDERSTAND THAT IF I FAIL TO COMPLY WITH THE DEFERRED PAYMENT AGREEMENT, MY SERVICE WILL BE SUBJECT TO DISCONNECTION UNLESS THE ENTIRE AMOUNT DUE IS PAID WITHIN EIGHT DAYS.

_____ _____
SIGNATURE DATE

_____
KAYLA SCHAR, CLERK/TREASURER OR
DEBRA T. ORTNER, DEPUTY CLERK

201 S. MAIN STREET
P.O. BOX D
GREENWOOD, WI 54437

PHONE: 715-267-6205
FAX: 715-997-3208