

To make payment arrangements for a utility bill, please fill out the attached form and bring it into the Marion City offices. **A payment agreement is not in effect until the attached form is completed, signed by you and agreed to and signed by a City of Marion representative.**

PAYMENT AGREEMENT

Account Name _____ Account Number _____

I acknowledge that as of _____ I owe the City of Marion \$ _____

for municipal utility services.

I agree to pay the total amount of \$ _____ on or before _____.

I understand that if I fail to make payments as agreed, the City of Marion may terminate my utility services, effective 8:00 am the following business day.

Payment arrangements agreed upon this _____ day of _____, 20 _____.

Customer signature _____.

Office signature _____.

On _____ requested the following action
be taken because the terms of this agreement were not met: _____.

Notes: _____
