



CITY OF AUBURN
 113 E. ELM STREET, AUBURN, MI 48611 (989)662-6761

Utility Payment Plan Agreement Form

Name: _____ Address: _____

Phone: _____ Email: _____

Past Due Balance: _____ Reason for agreement plan: _____

I understand this agreement with the City of Auburn is an agreement to pay the past due balance on my account. All future bills will need to be paid by their due date. I understand that an agreement will not excuse late fees from being added and payments not made in accordance with this agreement may result in an interruption of service.

Payment Agreement

Payments Received

Date	Payment Amount	Payment Received	Payment Date	Terms Met

Customer Signature: _____

Date: _____

Office use Only	
Payment Plan was: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Explanation: _____	
Reviewed By: _____	Date: _____