



PAYMENT AGREEMENT

119 E. Michigan Avenue, Clinton, MI 49236

Phone: (517) 456-7494 Fax: (517) 456-6350 Email: info@villageofclinton.org

Name:	
Address:	
Account Number:	
Phone Number:	Email:

Total amount owed (beginning balance) \$ _____

Payment Date	Payment Amount	Remaining Balance	Stamped PAID by Village
____/____/____	\$	\$	
____/____/____	\$	\$	
____/____/____	\$	\$	
____/____/____	\$	\$	
____/____/____	\$	\$	

I DO HEREBY AGREE TO MAKE THE ABOVE PAYMENTS AS INDICATED. I UNDERSTAND THAT MY FAILURE TO MAKE PAYMENT(S) IN FULL BY THE AGREED DUE DATE(S) MAY RESULT IN THE IMMEDIATE TERMINATION OF MY VILLAGE UTILITIES. ONCE TERMINATED, SAID UTILITIES WILL NOT BE RESTORED UNTIL ALL CURRENT AND OUTSTANDING BALANCES AND PENALTY FEES ARE PAID IN FULL.

Signature _____ Date: ____/____/____

For Village Use

In Person Drop Box Email Fax Mail Verbal Initials: _____ Date: ____/____/____