



City of Montrose
PO Box 25
311 Buffalo Avenue South
Montrose, MN 55363

763-575-7422
763-675-3032 FAX
800-627-3529 TDD
www.Montrose-MN.com

NAME:
ADDRESS:

ACCOUNT #

This is to confirm the arrangement under which we will accept payment of your overdue balance of \$_____ and your current charges of \$_____ (**Total \$_____**). The City of Montrose agrees to accept the following payment of:

- \$_____ PAID by 7AM on _____.
- \$_____ PAID by 7AM on _____.
- \$_____ PAID by 7AM on _____.

OR

- **Monthly payments of \$_____ in addition to any current charges or fees due on account until past due amount has been paid in full.**

By signing this agreement, you understand that you are responsible for making payments on the specified dates. Failure to pay on the specified dates will result in Disconnection of service. This payment arrangement does not prevent late fees and penalties on the overdue balance from accruing.

If there is a default in making any payment by the dates and times specified, the full balance on the account, together with late penalties and fees, shall become due and payable **IMMEDIATELY** in order to prevent disconnection of your service. Disconnection of services can be executed at any time without notice upon default of this payment arrangement.

By signing the agreement, you are indicating admission of responsibility for the full amount of the account and acceptance of the terms of our agreement.

Date: _____

Signature: _____

Approved By: _____ Date: _____