



**CITY OF ARCADIA  
UTILITY SERVICE  
PAYMENT AGREEMENT**

Date: \_\_\_\_\_

I, \_\_\_\_\_ understand that my City of Arcadia Utility Account # \_\_\_\_\_ is past due in the amount of \$ \_\_\_\_\_.

In order to avoid having my utility service terminated, I agree to pay ½ of my past due balance which is \$ \_\_\_\_\_.

I also agree to pay \$ \_\_\_\_\_ each month in addition to my current bill until such time as the past due amount is paid in full.

I understand that failure to pay the above required additional monthly payment and failure to keep my account current by paying all bills in full will result in the termination of utility services.

I also understand that if my utility service is terminated because of failure on my part to honor this agreement, I will be required to pay a minimum \$25.00 reconnection fee in addition to 100% of my past due balance.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Address on Account

\_\_\_\_\_  
Phone number of Account Holder

AUTHORIZED BY THE CITY OF ARCADIA

By: \_\_\_\_\_

Date: \_\_\_\_\_