

City of Grayling

"Heart of the North"

1020 City Boulevard / P.O. Box 549

Grayling, MI 49738

Phone (989) 348-2131 Fax (989) 348-6752

Email: grayling@cityofgrayling.org

PAYMENT ARRANGEMENT FOR UTILITY BILL

Effective 4th quarter 2015, billing 1-15-2016, Amended 1-09-17

I, _____ agree to the following arrangement to pay my utility bill for water and/or sewer to the City of Grayling: I also agree that the normal **late fee 10% of the outstanding balance (minimum \$10.00)** will be added to my bill for not paying in full by the original due date

Service Address: _____

Contact: _____ Contact Phone: _____

Amount of Bill (Plus late fee): \$ _____ Billing Quarter: _____

Amount of Down Payment: \$ _____ Date: _____

PROPOSED PAYMENT ARRANGEMENT – USE SPECIFIC DATES
BILL NEEDS TO BE PAID IN FULL BY THE LAST BUSINESS DAY OF THE
MONTH BEFORE THE NEXT BILLING:
(MARCH 31ST, JUNE 30TH, SEPT. 30TH & DEC. 31ST).
NO EXTENSIONS WILL BE GIVEN.

BILLING MONTHS: JANUARY – APRIL – JULY - OCTOBER

<u>DATE</u>	<u>AMOUNT DUE</u>	<u>DATE PAID</u>	<u>DATE</u>	<u>AMOUNT DUE</u>	<u>DATE PAID</u>

I understand that as long as I abide by the proposed payment arrangement and make my payment(s) as promised that my water will not be shut off for non-payment.

If I fail to abide by my agreement, I understand that a non-payment fee of \$80.00 will automatically be added to my balance and my water SERVICE WILL BE DISCONTINUED WITH OUT NOTICE. ACCOUNT MUST be paid in Full before the water will be turned back on.

Signature: _____ Date: _____

Witnessed: _____ Date: _____

THE CITY OF GRAYLING IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER.