



Payment Agreement

Account Number: _____ Date: _____, 20____

Account Holder Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Account Holder owes Hyden-Leslie County Water District a sum of \$ _____ for water service previously provided and agrees to pay a downpayment of \$ _____ today, _____ (date). Account Holder agrees to pay each monthly bill plus an

ADDITIONAL monthly payment of \$ _____. The payment must be made by the due date until paid in full. Account Holder agrees to pay the unpaid balance, as well as keep the regular monthly charges current.

I have been advised and fully understand that if I fail to make a scheduled payment by the specified date, Hyden-Leslie County Water district may immediately discontinue my water service and the unpaid balance will become immediately due. Once discontinued, water service will not be restored until the unpaid balance and a reconnection fee are paid.

Customer Signature

Date

Utility Signature

Date