



DEFERRED PAYMENT AGREEMENT

Customer Name and Service Address: _____

Account Number: _____ - _____ - _____ Telephone Number: (_____) - _____ - _____

It is understood by both parties that the utility service shall not be discontinued if the customer pays a reasonable amount of the outstanding bill and agrees to pay a reasonable portion of the remaining balance in installments until the bill is paid in full. If you fail to pay, the City will place the unpaid portion on the property tax bill, OR submit the unpaid debt to the State Debt Collection agency. A collection fee of 15% of the unpaid balance or \$35, whichever is greater, will be added to the account.

To determine reasonable payments: considerations shall be given to: size of delinquent account, customer's ability to pay, payment history, time that the debt was incurred, time it has been outstanding, reasons why the debt is outstanding, and other relevant factors concerning the customer's circumstances.

The Customer agrees that the total DELINQUENT amount due on his\her bill is: \$ _____

The Customer agrees to pay the City of Mauston a down payment of \$ _____, and equal installment payments of \$ _____ paid _____ (how often), until the total bill is fully paid.

The ongoing monthly utility bill must also be paid on time or this agreement is in default

Table with 6 columns: Current bill, Amount paid, Date/Balance/Note, Current bill, Amount paid, Date/Balance/Note. Each cell contains a dollar sign followed by a blank line for input.

**CUSTOMER'S WATER SERVICE MAY BE DISCONTINUED if any term of this agreement is not followed and the premise will be declared UNINHABITABLE. The City shall have the right to discontinue the service, pursuant to the rules of the Wisconsin Public Service Commission, and under such circumstances, the City shall not be required to offer another deferred payment agreement prior to disconnection. **

"RIGHT OF APPEAL"

If you are not satisfied with this agreement, DO NOT SIGN IT. You have the right to suggest a different payment agreement. If you sign this agreement, you give up your right to dispute the amount due under the agreement except for the Utility's failure or refusal to follow the terms of this agreement. Signing this agreement does not affect your responsibility to pay for your current service.

Customer's Signature _____ Date _____

Customer's: Date of Birth: _____ SS# OR DL#: _____

This information will be used to collect a debt in the event of default

For City of Mauston _____ Date _____