



ST. JAMES PUBLIC UTILITIES PAYMENT AGREEMENT

Date: _____

Name: _____

Account #: _____

Service Address: _____

Phone #: _____

Total Delinquent Amount: _____

Pay Date(s): _____

**IF THIS AGREEMENT IS NOT KEPT, SHUT OFF WILL
TAKE PLACE AT 1:00 P.M.**

I hereby agree to follow the above payment arrangements, and understand that the failure to do so could result in disconnection of utility services. If service is disconnected, no utility shall be reconnected until all utility bill charges together with a charge of \$100.00 reconnect fee (\$50 for each service) during normal working hours and \$200.00 re-connect fee (\$100 for each service) after 4:00pm & weekends plus past due balance.

Customer's Signature