

City of Angels
Amortization Payment Agreement

Account Number: _____ Date: _____

Name: _____

Service Address: _____

Cell Phone Number: _____

Term (Not to exceed 12 months): _____ Monthly Payment: _____

First Payment Due: _____

I agree to comply with the amortization plan and remain current as charges accrue in each subsequent billing period. I may not request further amortization of any subsequent unpaid charges while paying delinquent charges pursuant to an amortization plan. If I fail to comply with the terms of the amortization plan for sixty (60) days or more, or fail to pay the current service charges for sixty (60) days or more, the City of Angels may discontinue water service to my property at least five (5) business days after the City posts a final notice of intent to discontinue service at the property.

If services are terminated, full payment will be required to restore services, in addition to any fees or penalties that may be due.

Example:

My average monthly bill _____

Amortized scheduled payment for _____ months _____

Example of new monthly payment required _____
during the term of the agreement

SIGNATURE: _____

PRINTED NAME: _____

DATE SIGNED: _____