

# BELAH FELLOWSHIP WATER SYSTEM

P O Box 154  
Jena, LA 71342  
PH: (318) 316-5438

Date: \_\_\_\_\_

Customer Account#: \_\_\_\_\_

Customer Name \_\_\_\_\_

Must be approved Water System Board of Directors President or Board Member.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## **CUSTOMER AGREEMENT FORM FOR PAYING OUT ACCOUNT BALANCE IN MONTHLY PAYMENTS PLUS MONTHLY WATER BILL.**

By signing below I agree to the following:

I will pay \$\_\_\_\_.00 per month in addition to my regular monthly water bill. I understand that if I fail to pay the above at any time after this agreement is signed that my water meter will be locked and in order to have meter unlocked I will have to pay THE FULL BALANCE OF MY ACCOUNT AT THAT TIME.

By signing below I agree to the above.

Date Signed: \_\_\_\_\_

\_\_\_\_\_

Sign Here