

EAST JENA WATER SYSTEM

P O Box 155
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