



Utility Extension Authorization Agreement

Please Print

Name (as it appears on utility bill)

Address

City, State, Zip

Cell Phone

Home Phone

Place of Employment

Employment Phone

Account # _____ Balance \$ _____

Payment Date _____

An extension has been granted for your utility payment. The balance will be paid in full by the due date. If extension request is not honored as agreed, utilities will be disconnected, a \$50.00 delinquent fee will be charged and no other extensions will be granted within a 12-month period.

Extensions maybe granted for accounts less than one month past due. Payments will be extended for up to two (2) weeks.

I agree to the above terms and understand that standard late fees will be charged per ordinance on any outstanding balance. I acknowledge that if the terms are not met as stated above, my service will be disconnected and my account will be charged an additional delinquent fee of \$50.00 and service will not be reinstated until payment is received in full.

Customer Signature

Date

Approval

*******NOTE: ONLY 4 (FOUR) EXTENSIONS WITHIN A 12 MONTH PERIOD*******

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