

**BLOOMING PRAIRIE PUBLIC UTILITIES
OUTSTANDING BALANCE PAYMENT ARRANGEMENT**

DATE _____

CUSTOMER NAME _____ ID# _____

SERVICE ADDRESS _____ ROUTE# _____

MAILING ADDRESS _____

HOME PHONE _____

WORK PHONE _____

I PROPOSE TO PAY MY OUTSTANDING BALANCE ACCORDING TO THE FOLLOWING SCHEDULE:

OUTSTANDING BALANCE ON MY ACCOUNT AS OF _____ \$ _____
(date) (amount)

AMOUNT OF \$ _____	TO BE PAID BY _____	DATE REC'D _____	AMT REC'D _____	INITIAL _____
AMOUNT OF \$ _____	TO BE PAID BY _____	DATE REC'D _____	AMT REC'D _____	INITIAL _____
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BY SIGNING THIS AGREEMENT, I AGREE TO PAY MY PAST DUE BALANCE AS STATED ABOVE. IF I DO NOT MAKE PAYMENT INSTALLMENTS AS STATED, MY SERVICE WILL BE DISCONNECTED WITHOUT FURTHER NOTICE. ENTIRE BALANCE PLUS RECONNECT FEES WILL THEN NEED TO BE PAID BEFORE SERVICE WILL BE REINSTATED.

CUSTOMER SIGNATURE

DATE