



TOWN OF BARGERSVILLE

P.O. Box 420 • Bargersville, Indiana 46106
Phone: 317-422-5115 • Fax: 317-422-1134
www.townofbargersville.org

POWER & LIGHT • WATER WORKS • SANITATION DEPT. • STORM WATER

P A Y M E N T A G R E E M E N T

Customer Name: _____

Customer Address: _____

(City)

(State)

(Zip)

Account Number: _____

I, the undersigned, agree to pay to the Bargersville Utilities, in the amount of \$ _____
Per _____ until said amount of \$ _____ is paid in full.

The undersigned further agrees that said payment will become due on the _____ of
each _____.

The undersigned further understands that if said payment is not received by the due date agreed
upon, said claim will be referred back to the attorney for further action.

*Note: The current bill must be kept current, starting this month of _____, 20____
The payments will be for _____ consecutive months, or until balance is paid
in full.*

If said due date falls on a Saturday or Sunday, the following business day will be acceptable for
payments to be made.

By signing below, I agree to these terms and conditions.

Customer Signature

Date

Witness

Date



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Note: Information on your Rights and Responsibilities are available online at http://www.townofbargersville.org/Utility_Forms.htm and clicking on the Rights and Responsibilities pamphlet link, and/or upon request.