

Village of Greenwood

**Agreement for Payment Installation Plan**

**Account # Date:**

**Electric-Water/Sewer Departments**

619 Main Street

Greenwood, NE 68366

*Primary Customer Information* *(Please Print or Type)*

# First Name: M.I.: Last Name: Email Address: Main Phone: Alternate Phone: City: State: Zip:

|  |  |  |  |
| --- | --- | --- | --- |
| Installment Payment Plan | | | |
|  | | | |
| Past Due Amount | |  |  |
|  | | | |
| Payment Date |  | Amount |  |
| 1/3 payment- |  |  |  |
| 1/3 payment- |  |  |  |
| 1/3 payment- |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The following monthly billings shall occur during the duration of this installment agreement:

|  |  |
| --- | --- |
|  | **January** |
|  | **February** |
|  | **March** |

|  |  |
| --- | --- |
|  | **April** |
|  | **May** |
|  | **June** |

|  |  |
| --- | --- |
|  | **July** |
|  | **August** |
|  | **September** |

|  |  |
| --- | --- |
|  | **October** |
|  | **November** |
|  | **December** |

I agree to the terms outlined in the above installment agreement, and to pay all monthly billings occurring during the installment agreement by the date they are due, so that at the end of this agreement, my utility account with the Village of Greenwood shall be current. I also further acknowledge that if I fail to meet any other terms outlined above, my utility service will be disconnected without further notice.

Signature:

By: Date:

VOG Trustee Approval

By:

Date:

Village Clerk

By:

Date:

Form: PP

Utility Payment Plan VOG © 03/2019