

VILLAGE OF BENTON

BENTON MUNICIPAL UTILITIES DEFERRED PAYMENT AGREEMENT

Name: _____ Acct #: _____

Past Due Balance \$ _____

Down Payment Received \$ _____

Remaining Balance Due \$ _____

*I agree to pay the Benton Municipal Utilities a **down payment** to be applied to my past due balance.

*I then will pay the remaining past due balance by the date(s) below until my account is paid in full.

***In addition to the below payments,** I also agree to pay the current bill in full.

*I understand that failure to fulfill this agreement may result in service(s) being disconnected.

1. If you are not satisfied with this agreement, *do not sign it*.
2. You have the right to make a counter offer. If it is rejected, you have the right to appeal this proposed agreement to the Public Service Commission of Wisconsin, during which time the Benton Municipal Utility may not disconnect your service.
3. This does not relieve you from the obligation to pay bills that are incurred after commencement of dispute procedures.
4. If you do sign this agreement, you give up your right to dispute the amount due under the agreement except for the Utility's failure or refusal to follow the terms of this agreement.

Schedule of Payments

Date	Payment Amount	Received (office use)	Date	Payment Amount	Received (office use)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature: _____

Date: _____