

**Public Water Supply District # 1
Of Ralls County, Missouri**

3316 Market Street

Phone (573) 221-6615 Hannibal, Missouri 63401 Fax (573) 221-4198

PAYMENT AGREEMENT

ACCOUNT#

I agree to make payment for the outstanding balance of _____ on my account. The amount I am agreeing to pay is _____, to be made on or before _____ at _____ a.m./p.m.

I understand that failure to comply with this agreement will result in disconnection of services and full payment will be due before reconnection can occur. I also agree upon signature, no further agreements will be requested/approved for a period of 6 (six) months.

Signature

Witness

Date