City of Ogallala

411 East 2nd Street
Ogallala, NE 69153
Phone 308-284-3607
City Fax 308-284-6565

PAYMENT AGREEMENT

I, _____, do hereby agree to pay

_____($Amount) on _____(payment date or dates)

for payment of the following:

Customer ID: _____

Billing Address:_____

Social Security Number_____

Date of Birth_____

Place of Employment_____

Phone Number_____

If the above amount is not paid as arranged I understand that the water service will be discontinued at the address listed above. Disconnection will occur on the first business day following the stated payment date. If it becomes necessary for water service disconnection procedures to begin, a service charge of $25.00 will also be charged. This agreement supercedes any other correspondence you may receive from the City of Ogallala.

SIGNATURE:_____DATE:_____

Payment Schedule if paying more than one payment:

Payment Date(s):	Water & Sewer Bill:	Deposit:	NSF Check:	NSF Check Chgs:	Resumption Fee:

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