CITY OF HAGERSTOWN

Billing and Customer Service

P.O. Box 1498
Hagerstown, Maryland 21741
(301) 790-3200 ext. 184

ELECTRIC ☐
WATER/SEWER ☐
_____ ☐

PAYMENT AGREEMENT

PRESENT BALANCE DUE $

Customer Name: _____

Mailing Address: _____

_____

_____

Account No.: _____

Service Address: _____

Telephone No.: _____ (Home) _____ (Work)

I agree to make the payments shown below. I understand that the payments are to be received by the City on or before the dates specified. I also agree to contact the City if any changes to this agreement are necessary.

PAYMENT DUE DATE	AMOUNT DUE	AMOUNT PAID	NEW BALANCE

If this account would otherwise be scheduled for service termination, failure to make payments when due will subject this account to termination without further notice! Failure to make payments when due will void this agreement and the total account balance will be due.

_____
City of Hagerstown Date

_____
Customer Signature Date

WHITE - Office Copy YELLOW - Customer Copy