



109 N Hickory St
PO Box 70
Mount Vernon, MO 65712
Phone: 417.466.2122
Fax: 417.466.2513

PAYMENT ARRANGEMENT FORM

Account Number: _____

Account Name: _____ Phone: _____

Service Address: _____

Property Owner: _____ Phone: _____

Total Amount Due: _____ for the month of _____

I agree to pay \$_____ by 4:30 p.m. on _____. I understand that should I default on the payment as agreed, the City of Mount Vernon will discontinue utility service immediately and service will NOT be restored until the balance is paid in full, plus any reconnect fees. I further understand that should I default on this agreement, the City of Mount Vernon, will not allow another deferred payment arrangement during the calendar year. All subsequent billings are payable when due unless a new agreement has been executed.

Payment Schedule: _____

Account Holder Signature: _____ Date: _____

Social Security Number: _____

Approved Denied

Reason: _____

City Official Signature: _____ Date: _____

Account Holder Notified: by phone in person

Date Notified: _____

Payment: \$ _____