



IRVING

Financial Services  
Customer Service Division  
825 W. Irving Boulevard  
Irving, TX 75060  
[www.cityofirving.org](http://www.cityofirving.org)

# APPLICATION FOR PAYMENT AGREEMENT

Cycle #: \_\_\_\_\_ Account #: \_\_\_\_\_ Date of Agreement: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
FIRST MI LAST

Service Address: \_\_\_\_\_

DL# \_\_\_\_\_ SSN: \_\_\_\_\_

Phone # you can be reached at: \_\_\_\_\_

### Agreement to pay as follows:

1. \$ \_\_\_\_\_ on \_\_\_/\_\_\_/20 in addition to current charges paid on due date
2. \$ \_\_\_\_\_ on \_\_\_/\_\_\_/20 in addition to current charges paid on due date
3. \$ \_\_\_\_\_ on \_\_\_/\_\_\_/20 in addition to current charges paid on due date
4. \$ \_\_\_\_\_ on \_\_\_/\_\_\_/20 in addition to current charges paid on due date
5. \$ \_\_\_\_\_ on \_\_\_/\_\_\_/20 in addition to current charges paid on due date
6. \$ \_\_\_\_\_ on \_\_\_/\_\_\_/20 in addition to current charges paid on due date

**\$ \_\_\_\_\_ TOTAL AMOUNT OF AGREEMENT**

\_\_\_\_\_ I, the undersigned, do hereby acknowledge and agree with the **TOTAL AMOUNT OF AGREEMENT** listed above. This sum represents charges for water and utility franchise fees. This may or may not represent sewer, garbage, drainage and/or other charges normally charged to the account. This amount may also include any special service charges or fees needed to maintain this account

\_\_\_\_\_ I, the undersigned, understand and acknowledge the City of Irving will discontinue such services at this address without further notice if this agreement is broken. Such services will not be reinstated until payment for the full amount due on the account, at the time the service is discontinued, has been applied to the account number referenced above.

\_\_\_\_\_ I, the undersigned, understand my account will continue to accrue late penalties until the balance on the account is paid in full.

\_\_\_\_\_ I, the undersigned, understand the City of Irving will only allow two (2) agreements per calendar year.

By signing below, you have read and agree with all of the above statements:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

*To be completed by City of Irving staff only.*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Account Noted: \_\_\_\_\_