



Financial Services
 Customer Service Division
 825 W. Irving Blvd.
 Irving, TX 75060
 Ph (972) 721-2411 Fax (972) 721-3733
 e-mail: customer-service@cityofirving.org
www.cityofirving.org

APPLICATION FOR PAYMENT AGREEMENT

Cycle #: _____ Account #: _____ Date of Agreement: _____

Customer Name: _____

Service Address: _____

DL# _____ SSN: _____

Phone # you can be reached at: _____

Agreement to pay as follows and must be paid in full within the next 90 days:

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

To be completed by City of Irving staff only.

 SIGNATURE

Approved By _____ Date _____ Account Noted ID Verified