

Dear Customer:	Prince Ed	ward Island Date:
The purpose of this form is to develop purpose.	payment arrar	agements in order to bring your utility account
Customer Name:		Account Number:
Service Address		
Total Current Balance of Account:		
Amount to be Paid for Reconnection:		
Amending Arrangements? Yes □	No □	Was Service Disconnected? Yes □ No □
Payment Arrangements:		
Payment Date		Payment Amount
these arrangements. Your current m dates in addition to the above agreed	current bills to nonthly billin upon payme	hat will become due during the course of gs must continue to be paid by their due
agreed upon amounts, my service may be disconnected without any further notice.		
Payments made either Online or by being applied to your account, which		ake up to five (5) business days before n an interruption of your services.
If you have any questions, please conta	ct our office a	ut 432-1230.
I have read this document and hereby a <u>Note</u> : These arrangements will only	•	yment arrangements that are listed above.  I or changed in their entirety once.
Customer Signature	— Ci	ty of Summerside, Finance Department
Phone:	_	