



Marathon City – Director of Public Works

311 Walnut Street PO Box 487
 Marathon City, WI 54448
 (715) 443-2221

Submission Date:	
Accepted By:	
Approval Date:	
Approved By:	

Deferred Payment Agreement

APPLICANT INFORMATION	
Applicant Name:	Phone Number:
Email Address:	
Mailing Address:	
ACCOUNT DATA	
Service Address:	Account Number:
Outstanding Balance:	Service Through Date of Outstanding Balance:
Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly	Payment Amount:
APPLICANT ACKNOWLEDGEMENT	
<p>IF YOU ARE NOT SATISFIED WITH THIS AGREEMENT, DO NOT SIGN. YOU HAVE THE RIGHT TO SUGGEST DIFFERENT TERMS. IF YOU AND THE UTILITY CAN'T AGREE ON TERMS, YOU CAN ASK THE PUBLIC SERVICES COMMISSION (1-800-225-7729) TO REVIEW THE DISPUTED ISSUES. DURING THIS TIME THE UTILITY MAY NOT DISCONNECT YOUR SERVICE. THIS DOES NOT RELIEVE YOU FROM THE OBLIGATION TO PAY BILLS THAT ARE INCURRED AFTER COMMENCEMENT OF DISPUTE PROCEDURES. IF YOU DO SIGN THIS AGREEMENT YOU GIVE UP YOUR RIGHT TO DISPUTE THE AMOUNT DUE UNDER THAT AGREEMENT EXCEPT FOR THE UTILITY'S FAILURE OR REFUSAL TO FOLLOW THE TERMS OF THIS AGREEMENT.</p>	
<p>I, the undersigned, acknowledge that if I as the Customer fails to make payments as agreed, the entire balance will become due and payable without further notice. Such failure shall also constitute cause for disconnection of service after due notice in accordance with the applicable rules on disconnection of the Public Service Commission of Wisconsin then in force. In the event service is disconnected, it shall be reconnected only upon payment of all past due charges and reconnection fees. I further understand that payment under this agreement are to be made in addition to any regular utility bills.</p>	
Signature:	Date:

DEFERRED PAYMENT AGREEMENT REVIEW (Office Use Only)	
<input type="checkbox"/> Application Completed	
<input type="checkbox"/> Customer Signature Obtained	
<input type="checkbox"/> ACH Budget Payment Offered	