



PAYMENT AGREEMENT REQUEST



All payment agreements submitted to GU/BL&P are subject to approval from a GU/BL&P Representative before the binding payment agreement goes into affect. Upon submitting this payment agreement to us, a GU/BL&P representative will reach out to you in regards to the requested agreement, via email or telephone, to either inform you of the accepted payment agreement or to further discuss terms, conditions, or reason for denial

I agree

*All fields outlined in red are required fields

Date of Request: ____ / ____ / ____

Customer Name: _____

Account# _____ - _____

Customer Name: _____

Account# _____ - _____

Service Address: _____ Apt: _____

Contact Number: (____) ____ - _____

I agree to pay the outstanding balance of \$ _____ as payment for my Meter Deposit / Utility Bill as stated below, plus any current charges pending or incurred.

Please fill out below for the requested payment amounts and dates:

\$ _____	Date: ____/____/____	\$ _____	Date: ____/____/____
\$ _____	Date: ____/____/____	\$ _____	Date: ____/____/____
\$ _____	Date: ____/____/____	\$ _____	Date: ____/____/____
\$ _____	Date: ____/____/____	\$ _____	Date: ____/____/____
\$ _____	Date: ____/____/____	\$ _____	Date: ____/____/____

All payment(s) need to be made on or before the date stated above. If payment agreement is not adhered to this payment agreement is voided. Your utility service(s) at the above address will be

I agree

terminated immediately without any further notice

If this payment agreement is not adhered to, no further agreements shall be made in regards to your account balance for the next six (6) months.

I agree

If service is terminated for a broken agreement, service will not be restored until the total account balance, reconnect fee and additional Security Deposit (if required) is paid in full.

I agree

The payment agreement must be completed in full prior to your next months bill posting on your account. Payment agreements are not able to be made on any balance that is higher than a two month bill. If your bill is higher than two months worth of bills, payments must be made to bring the balance down to a two month bill prior to approval of the payment agreement.

I agree

By entering my name into the box below, I am agreeing to all terms and conditions of this agreement as put forth by GU/BL&P.

I agree

Customer Full Name: _____ Date: ____/____/____

Customer Full Name: _____ Date: ____/____/____

GU/BL&P Representative: _____

WE DO NOT MAKE REMINDER CALLS FOR PAYMENT ARRANGEMENTS