Cherokee County Rural Water District 1
P.O. Box 622
Fort Gibson, OK 74434

Water Service Payment Agreement Form

Date: ___/___/_____ Account # _____

Name: _____

Address: _____
Street/P.O. Box City State Zip

Telephone: ( ) _____-_____(day) ( ) _____-_____(evening)

I (we) the undersigned, agree to make monthly payments on the water service provided by Cherokee County Rural Water District 1.

Current bill plus $_____ each month beginning ___/____/_____. This agreement is to ensure your bill will be paid in full within 6 months.

I (we) understand that monthly water usage charges must be kept current and are due and payable in addition to the above agreed amount to prevent disruption of your water services.

I (we) understand that failure to make the agreed upon monthly payments by the 20th of each month will result in disruption of services until the total balance is paid in full.

_____ ___/___/____
Signature of Member Date

_____ ___/___/____
Signature of Member Date

By: _____ ___/___/____
Chairman, Cherokee County Rural Water District 1 Date