

**STUART MUNICIPAL UTILITIES
P.O. BOX 370
STUART, IOWA 50250**

***LEVEL PAYMENT PLAN AGREEMENT
(BUDGET BILLING)***

Acct. # _____

Name _____

Address _____

I hereby agree to pay my future utility bills in equalized monthly amounts of \$_____ on or before the 15th of each month.

I understand that the payment amount is based on estimated charges; that adjustments may be necessary at least annually; and that account arrears or credits will be carried forward in recomputing subsequent annual plans.

I further understand that delinquency in payment will subject my account to a late payment penalty (1.5%) and to regular procedures for disconnection of service.

Customer Signature

Date

Utility Representative Signature

Date