

RWD#17 LeFlore County Hardship Payout Contract

Date: _____ Customer Name: _____ Account # _____

I hereby acknowledge that my account with the RWD #17 LeFlore County (herein after referred to as the "District") has an outstanding balance in the amount of \$_____. In order to continue to receive service, I hereby agree to pay 11 installments of \$_____, and a final payment of \$_____ in addition to my regular monthly payments.

I understand that, if I fail to make payments as agreed herein, the District may upon its option declare this agreement null and void and begin proceedings to terminate my service.

It is further understood that any payment made under this agreement IS IN ADDITION TO MY REGULAR BILL and nothing herein relieves me from my obligation to pay in full any such bill as it comes due.

Customer

Printed Name Customer

Address

City, State, ZIP code

APPROVED BY:

Agent for the District

Return to:
RWD#17, LeFlore Co
21981 State Highway 63

Hodgen, OK 74939