



Account #: _____

Office Use Only

Village of Birch Run
12060 Heath Street
PO Box 371
Birch Run, Michigan 48415
Ph # (989) 624-5711 Fax # (989) 624-9681

PAYMENT PLAN APPLICATION

(PLEASE PRINT)

Applicant Name: _____

Service Address: _____

Mailing Address: _____

(if different than service address)

Account Balance: _____

Number of Payments: _____

Paid:

Payment Plan Details

Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____
Payment Date: _____	Amount: _____	_____

PLEASE READ CAREFULLY

I am requesting a payment plan for my outstanding water/sewer account balance with the Village of Birch Run. I certify that I am responsible for payment of the water/sewer utilities at this service address and for following the terms of this payment plan. I understand that payment plans with the Village are limited to the current billing cycle, and that the balance on my account must be paid in full before the next billing cycle begins. I also understand that if I default on my payment plan a notice will be mailed to me at which point I will have 10 days to pay the entire account balance. Failure to pay the account balance within 10 days will result in the discontinuation of my water/sewer service. In addition, I acknowledge that if I default on my payment plan arrangements 2 times within a 12 month period that I will no longer be eligible for payment plans with the Village of Birch Run. Furthermore, I agree to abide by all applicable Village Ordinances and regulations related to the water/sewer system and any amendments thereto.

CUSTOMER SIGNATURE: _____

(Date)

VILLAGE EMPLOYEE SIGNATURE: _____

(Date)