

AUTHORIZATION AGREEMENT FOR EQUAL PAYMENT PROGRAM

I agree to pay, monthly, the equal payment amount as calculated for my Princeton Municipal Utilities.

Please Print or Type

Princeton Municipal Utilities Account Number(s) (9 digits)

Customer Name

Business Name (if applicable)

Service Address

City, State, Zip Code

Phone Number

Authorized Signature

Date

Witnessed by

CONDITIONS OF EQUAL PAYMENT AGREEMENT

I confirm that I have a one (1) year billing history with Princeton Municipal Utilities. I acknowledge that Princeton Municipal Utilities will update their equal payment accounts at least twice a year, therefore the equal payment amount could be subject to change. Failure to make the monthly equal payment amount could result in termination of service unless your account has a positive balance.

Activation Amount

Date

Activated by