



City of Frost
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DEFERRED PAYMENT AGREEMENT

Account #: _____

Service Address: _____

Customer Name: _____

Agreement

- **Total Balance Owed:** \$ _____ as of _____ (date)
- **Down Payment (min. 50%):** \$ _____ due on _____
- **Remaining Balance:** \$ _____

To be paid in ____ installment(s) of \$ _____ each, due on:

1. _____
2. _____

Conditions

- Customer must also pay all **future monthly bills on time**.
- If any payment is missed:
 - Water service will be disconnected **without further notice**,
 - The **full balance** will become immediately due, and
 - A **\$25 reconnect fee** will be charged before service is restored.
- Extensions beyond 3 months require Mayor approval
- Payments can be made in person at City Hall, via mail, or via our online payment system.

Customer Signature: _____ Date: _____

City Secretary: _____ Date: _____