

FIRGROVE MUTUAL WATER COMPANY

(253) 845-1542 • Fax: (253) 845-4728 • 10408 - 144th Street East • Puyallup, Washington 98374

PAYMENT ARRANGEMENT

Customer Name: _____

Account Number: _____

Service Address: _____

Phone Number: _____

E-Mail Address: _____

I/We agree to pay Firgrove Mutual Inc. the past due amount of \$ _____ by the end of the current billing cycle.

Firgrove office hours are Monday-Friday 7:30 a.m. – 4:00 p.m.

I understand that failure to pay as agreed may result in my account being charged all fees suspended when this agreement was made. A shut off notice will be hung on the service address door and additional fees incurred.

Agreed and Understood

Date

Accepted by