



City of Leander Utilities
PO Box 317
Leander, TX 78646-0317

Office Hours: 8 a.m. to 5 p.m., M-F
Office: (512) 259-1142
Email: leanderutilities@leandertx.gov
After Hours Emergencies Call: (512) 528-2800

PAYOUT CONTRACT FORM

TODAY'S DATE _____ PHONE # _____

ACCOUNT HOLDER NAME _____

ACCOUNT # _____

ACCOUNT ADDRESS _____

I understand that **my current account balance** is \$ _____.

I agree to make payments on this balance in the amount of \$ _____ each month, for no more than _____ month(s), in addition to paying the full amount of any subsequent bills on or before my next bill due date.

The last payment I will make on this payout contract will occur on _____.

**** All subsequent bills must be paid in full on or before the bill due date. Any nonpayment of bills or specified payout amounts will result in disconnection of my service. ****

I ALSO UNDERSTAND THAT IF CITY OF LEANDER UTILITIES DOES NOT RECEIVE MY PAYMENT(S) BY CLOSE-OF-BUSINESS ON OR BEFORE THE SPECIFIED DATE(S) ABOVE, MY WATER SERVICE WILL BE TERMINATED AND A REINSTATEMENT FEE WILL BE APPLIED TO MY ACCOUNT. IF I DEFAULT ON THIS CONTRACT, THE ENTIRE BALANCE AND APPLIED FEES MUST BE PAID IN FULL BEFORE MY UTILITIES SERVICE CAN BE REINSTATED.

CUSTOMER SIGNATURE _____

**** PHOTO IDENTIFICATION IS REQUIRED FOR ALL PAYOUT CONTRACTS ****