



City of Baker City

Payment Arrangement Form

Customer Name _____

Account Number _____

Date _____

Balance Due _____

Balance due will be paid by the _____ day of _____.

Payment arrangements will not be accepted for payment terms that overlap the next billing cycle. If payment is not received by the date indicated service will be disconnected and a \$35.00 service fee will be charged to your account.

Customer Signature _____

Cashier Signature _____