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## DELINQUENT BILL PAYMENT ARRANGEMENT

**NOTICE: THIS FORM ONLY VALID WITH RLEC APPROVAL**

Member Name: \_\_\_\_\_

Member Account Number: \_\_\_\_\_

### Payment Schedule

Total Owing:
\$ _____
<b>Arrears</b>
30-Days \$ _____
60-Days \$ _____
90-Days \$ _____

Amount	Date
\$	
\$	
\$	
\$	

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Only: Arrangement Accepted by \_\_\_\_\_ Date: \_\_\_\_\_