



2 E. Maple St. ▪ Sand Lake, Mi ▪ 49343

## ARREARAGE PAYMENT AGREEMENT

Resident Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_

Resident Phone Number: \_\_\_\_\_

Resident Account Number: \_\_\_\_\_

Balance Due on Account: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Weekly / Bi-Weekly / Monthly (Circle One)

Pay on Date: \_\_\_\_\_

**I hereby agree to this payment agreement schedule for charges incurred at Village of Sand Lake until my account balance is paid in full. My failure to make payments without notification to the Village of Sand Lake will null and void this agreement. Village of Sand Lake will have full discretion for unpaid accounts and will take necessary action to collect any unpaid balances.**

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Village Clerk or Village Treasurer

\_\_\_\_\_  
Date