



Town of Middletown
31 West Main Street
Middletown, MD 21769
301-371-6171
Payment Agreement

Customer Name: _____
Mailing Address: _____

Telephone No.: _____

Present Balance Due: \$ _____
Account Number: _____
Email: _____

I agree to make the payments shown below. I understand that the payments are to be received by the Town of Middletown on or before the dates specified. I also agree to contact the Town if any changes to this agreement are necessary.

Payment Due Date	Amount Due	Amount Paid	New Balance

If this account would otherwise be scheduled for service termination, failure to make payments when due will subject this account to termination without further notice. Failure to make payments when due, will void this agreement and the total account balance will be due.

_____ Date
Town of Middletown

_____ Date
Customer Signature