

Oneida Nation Utilities Department



Phone 920-496-5290

Fax: 920-497-5811

A good mind. A good heart. A strong Fire

PO Box 365

Oneida, WI 54155

Oneida Nation Utilities Department
Deferred Payment Agreement

Account# _____

Name: _____

Address: _____

Social Security # _____ Tribal ID# _____ TR Emp# _____

Payment Arrangement: **(Stays in effect until balance is at zero)**

1). Up Front Down Payment: \$_____ (Min 50% unless otherwise agreed upon)

and

Monthly Bill Plus \$ _____ Per Month

2) Other or additional arrangements:

I the undersigned understand that Oneida Housing Authority/Landlord will receive a copy of this arrangement and will be notified if I default on this agreement.

I the undersigned agree that if I should Default on this arrangement my services will be discontinued without any notice.

CUSTOMER SIGNATURE

DATE

UTILITY REPRESENTATIVE

DATE

