



SIKESTON BOARD OF MUNICIPAL UTILITIES  
PAYMENT ARRANGEMENT AGREEMENT

FORM #: CS1006

REVISED: 07/28/2025

TO BE COMPLETED BY THE CUSTOMER

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

REASON FOR PAYMENT ARRANGEMENT:

PAYMENT ARRANGEMENT TERMS:

☐ I UNDERSTAND THAT IF I DO NOT FOLLOW THE TERMS OF THIS PAYMENT ARRANGEMENT, MY UTILITY SERVICES WILL BE DISCONNECTED AND WILL NOT BE RECONNECTED UNTIL THE FULL BALANCE, INCLUDING THE \$25 RECONNECT FEE, IS PAID.

☐ I ALSO UNDERSTAND I AM ALLOWED ONLY THREE (3) PAYMENT ARRANGEMENTS PER CALENDAR YEAR, AND BREAKING AN ARRANGEMENT WILL MAKE ME INELIGIBLE FOR FUTURE ARRANGEMENTS.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

TO BE COMPLETED BY BMU CUSTOMER SERVICE DEPARTMENT

☐ Identity Confirmed

☐ Approved

☐ Not Approved

Customer Service Representative: \_\_\_\_\_ Date: \_\_\_\_\_