

(church name)

## Utility Pre-Guarantee Form

Date \_\_\_\_\_

Name of utility \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Account Name \_\_\_\_\_

Client Name if Different \_\_\_\_\_

(church name) will pay \$ \_\_\_\_\_ after the above client

pays the balance of \$ \_\_\_\_\_ by \_\_\_\_\_.

(date)

If client does not pay the balance by the date indicated, (church name) is not obligated for any payment.

Once we receive the payment receipt, a Guarantee of Payment form will be faxed and payment made within 3 working days.

Thanks for your assistance in this matter.

\_\_\_\_\_ Church Representative

(address, phone, fax)