

Budget Billing Plan

I, the undersigned, do hereby request that my Account ______ be placed under the Budget Billing Plan commencing ______, 20__.

It is understood that my average kwh usage for the past year has been ______. Based on the average bill for my usage multiplied by 5%, rounded to the next highest dollar, my monthly billing has been set at \$______ commencing with the _______, 20____ billing.

It is further understood that my budget payment amount is reviewed every April and October and the monthly payment will be adjusted accordingly. I understand that I may choose to terminate the plan at any time by notifying the Cooperative in writing and paying the balance of the account. The Cooperative may remove my account from the plan for up to twelve succeeding months should I become chronically delinquent and fail to pay the amount specified in the budget payment plan. (Chronically delinquent – the status of a residential customer who during the prior (12) months has been disconnected by that utility for nonpayment or who on three (3) or more occasions during the prior twelve months has not paid a bill by the date a subsequent bill is rendered.) In the case of chronic delinquency, I understand that my account will be returned to the ordinary billing schedule without any notice.