

Account No. _____



BUDGET BILLING APPLICATION

The Cooperative offers Budget Billing to its residential members in equal monthly amounts for electric service at their specific location. The equal monthly amount is based on the member's past use history, credit experience and other sources of information for future use at this location.

You may withdraw from the plan at any time. Those who withdraw will be required to pay any balance due at the time of withdrawal. If you have a credit balance it will be refunded by credit to your electric account or by check if appropriate.

The Cooperative may terminate the agreement with any member for the member's violation of any Cooperative rules or regulation.

This authorization shall remain in effect until revoked by UCEMC or the Member.

Please Print Clearly or Type

ACCOUNT INFORMATION

Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

BUDGET INFORMATION

Amount Per Month: \$ _____

Member's Signature: _____

Date: _____

Note: Notary statement required if not witnessed by a Cooperative employee

State of _____ County of _____. On this _____ day of _____, _____ before me personally appeared _____ to me known to be the persons(s) who executed the foregoing instrument for the purpose therein contained. Witness my hand and official seal at _____, the date foresaid.

Notary Public _____

My Commission expires _____

OFFICE USE ONLY:

Cycle: _____ Employee Signature : _____ Date: _____