

# UPSHUR RURAL ELECTRIC COOPERATIVE CORPORATION

## Budget Billing Payment Plan Agreement

Consumer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cycle Number: \_\_\_\_\_

I hereby request participation in the Budget Billing Payment Plan offered by Upshur-Rural Electric Cooperative Corporation, under which my monthly bill will be based upon actual bills for the current and most recent 11 months, as more specifically described below. I also understand the conditions for participation in the plan as stated below, and that failure to comply with the provisions may result in removal from the Budget Billing Payment Plan.

Conditions:

Budget Billing Payment bills will be calculated as the average of the current and previous 11 months actual bills, plus 12 month average of the accumulated difference between actual and levelized bills.

The Cooperative may terminate a consumer's participation in the Budget Billing Payment Plan if the consumer pays their electric bill later than the due date more than two times in the latest 12 month period, or if the consumer is disconnected for nonpayment.

The Cooperative reserves the right to change the Budget Billing payment amount at any time when there is reasonable cause to adjust the bill due to increased usage, rate changes or unusual fluctuations in fuel costs.

If a consumer's participation in the Budget Billing Payment Plan terminates, they shall not be allowed to reenter the Budget Billing Payment Plan in less than 12 months from the date participation was terminated, providing eligibility criteria are met at the time of reapplication.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I hereby acknowledge receipt of the Cooperative's tariff "Budget Billing Payment Plan."

\_\_\_\_\_

Initials