## **Clay Electric Cooperative, Inc. P.O. Box 517** Flora, IL 62839

## **BUDGET BILLING PLAN**

Clay Electric Cooperative agrees to provide the below listed Applicant, a budget billing plan which allows equal monthly payments over a \_\_\_\_\_ month period. The amount of the budget payment has been computed based on the Applicant's previous billing history or on estimated electric costs.

Conditions for Budget Billing:

- 1. The Budget Billing year will be for the period of June through May of the next year.
- 2. If a Budget Billing plan is entered into after June, the monthly payments will be increased to reflect the decreased number of months remaining in the Budget Billing year.
- 3. Budget Billing accounts will be reviewed in October and February and the monthly budget billing will be adjusted if electrical usage is substantially more or less than budgeted.
- 4. The Applicant will pay the May budget amount plus any outstanding balance remaining by the 30<sup>th</sup> of May.
- 5. If Applicant fails to pay the budget amount by the 24<sup>th</sup> of each month, a penalty will be assessed at 10% of the budget payment. If Applicant fails to pay budget amount plus penalty after the 5<sup>th</sup> of the next month, the Applicant is subject to disconnection and will be taken off the budget billing plan and not be eligible for budget billing until the next budget billing cycle begins the next year.
- 6. The Applicant may cancel this agreement at any time by notifying Clay Electric Cooperative and agreeing to remit the total of each electric bill rendered from that time forward, when due. At the time of cancellation the Applicant further agrees to pay in full any arrears charges that may be due on said account.

## I have read the above terms and understand them fully.

The Applicant agrees to an initial monthly payment of \_\_\_\_\_\_ to be paid monthly beginning with the \_\_\_\_\_\_ billing and ending with \_\_\_\_\_\_ billing. The Applicant further agrees that at the end of the Budget Billing period any amount in arrears will due and payable. The above monthly amount payment may be adjusted by the Cooperative if actual usage is not comparable with estimate.

Date of Application: \_\_\_\_\_ (office use) Approval & date: \_\_\_\_\_

Applicant – Member: (Signature)

Member's Account Number: