
Customer Agreement for BUDGET BILLING

Name _____ Account No. _____

To participate in the **BUDGET BILLING PROGRAM**, the following conditions apply and/or must be met:

- * Your **residential** account must have been established prior to March 2016
- * Your monthly amount is determined by your actual usage plus 10% to allow for heating/cooling fluctuations
- * Your monthly budget billing **amount** will appear on your bill due in **JUNE 2017**
- * Your account **must not be past due** when you apply

By signing below and returning this form to WKRECC, I agree to participate in the Budget Billing Plan. I understand that either I or WKRECC can cancel my participation at the end of any billing month. Any balance at the *end* of the budget billing year will be applied as credit on or **WILL BE DUE** with the May 2018 billing. My participation will be subject to the Schedule of Rules and Regulations and standard service policies of WKRECC.

Signature _____ Phone No. _____
