

## **BUDGET BILLING PAYMENT AGREEMENT**

Egyptian Electric Cooperative (EECA) has made a budget billing payment option available, which provides levelized payments based on past usage, under the following conditions:

1. The budget billing year will be for the period of June through May of the following year, but budget billing can be joined at any time throughout the year, with the approval of the Billing Coordinator.
2. Budget amounts will be based on past usage for the account or location.
3. **The budget amount will be reviewed and recalculated every four months.** The recalculated amount will be denoted in the message box of your May, September, and January bills. The new amounts will become effective on your June, October, February bills. This will be the new monthly budget billed amount for four consecutive months, until the next recalculation month or true-up month is reached.
4. **May will be a recalculation month, as well as the true-up month.** Therefore, any debit or credit balances accumulated to that time will be included on your May bill, along with a new budgeted amount.
5. If you pay any more than the budget amount denoted on your bill, it will go towards your account balance, and not change the budget amount due the following month. If it is desired for the excess funds to be applied otherwise, it must be communicated with our Billing Coordinator during regular business hours.
6. If you have a late penalty, or pay less than the budgeted amount, the difference will be added to the following month's bill.
7. If the terms of this agreement are not met, the agreement may be cancelled, and any outstanding amounts will be due in full.

*I have read the above terms of the budget billing payment agreement and understand them fully. I request that my account be budget billed until I notify EECA otherwise. I will monitor my monthly bills and account balance, acknowledge that every four months my bills will be recalculated. I agree I will pay the budgeted amount due every month, denoted on my bill. I agree to begin paying \$\_\_\_\_\_per month for the budget billing payment option.*

Member Name (Print): \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Account #: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home/Cell Work

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Completed by EECA Employee: \_\_\_\_\_ Sent: \_\_\_\_\_ Rec: \_\_\_\_\_