Egyptian Electric Cooperative Association
Your Touchstone Energy® Cooperative

1732 Finney Road
Murphysboro, IL 62966
Monday – Friday 8:00AM to 4:00PM
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BUDGET BILLING PAYMENT AGREEMENT

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

1. Budget amount calculated will be based on your most recent 12 months of energy usage, including the current month, averaged, and is then used to calculate your monthly bill at the current rate. Applicable taxes, surcharges, and any additional charges or credits are included and rounded up to the nearest dollar.

2. **The budget amount will be recalculated monthly. You should expect the amount due to change from month to month based on your actual usage.**

3. For this agreement to become effective, you must sign up for auto payments and the account must be current with a zero balance. If an auto payment is declined or returned for any reason, the agreement may be canceled with any outstanding balance due in full.

4. If your account is disconnected for non-payment, you will no longer be eligible for budget billing and any balance will be due in full.

5. If you are removed from budget billing for any reason you may not be able to rejoin for twelve (12) months.

6. If you close your account, any remaining balance will be settled on your final bill – either as an amount due or a credit back to you.

7. Your budgeted amount due will be approximately $_____ and will start the following month after EECA receives this signed agreement and confirms all program requirements are met.

8. Budget billing amounts are calculated in whole dollars; therefore, members enrolled in Operation Round Up will have an additional **$1.00** added to their budget bill each month.

I have read the above terms of the Budget Billing Payment Agreement and understand them fully. I request that my account be set up with budget billing until I notify EECA otherwise.

Member Name (Print): _____ Last 4 digits of SSN: _____

Account **#:** _____ Phone: _____

Email address: _____

Member Signature: _____ Date: _____

Revised: 07/13/2026