
Customer Agreement for BUDGET BILLING

Control Number (Office use only): _____

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 2019
- * Your monthly amount is determined by averaging your actual usage
- * Your monthly budget billing **amount** will appear on your bill due in **JUNE 2020**
- * Your account **must not be past due** when you apply.
- * Please pay the budget amount specified. Please refrain from making partial payments.
- * The Budget Billing amount is due by the due date, not the 10-day grace period date. **If payment is not paid by the due date, the account will be removed from the Budget Billing Program.** Budget Billing is a special payment arrangement and no further arrangements shall be made.

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 any given time of a 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 2021 billing. My participation will be subject to the Schedule of Rules and Regulations and standard service policies of WKRECC.

Signature _____ Phone No. _____
