



APPLICATION FOR LEVELIZED MONTHLY BILL PROGRAM

Please Sign and Return

I hereby request permission to join the “Levelized Monthly Bill Program” with Peace River Electric Cooperative, Inc. In applying for this program, I understand that the following terms will be in effect and agree to abide by them.

1. The Levelized Monthly Bill Program continues without need to renew as long as terms are met.
2. Those persons who have had continuous residential service for the latest calendar year and have had no credit entries against their account during the most recent twelve (12) months may apply.
3. Account must be paid in full and have a zero balance prior to starting the levelized billing program.
4. Payments are levelized by monthly monitoring of the account. The high and low usage will be averaged into the off season billing periods. This will result in a level billing schedule of a slightly different amount each month.
5. A consumer may withdraw from the program at anytime by notifying the Cooperative in writing and paying all balances on the account.
6. Delinquency of an account in this program will be treated the same way as any other delinquent account. Delinquency may cause an account to be removed from the program.
7. The Cooperative may amend or discontinue this service to a consumer upon 30 days written notice.

\_\_\_\_\_  
**NAME**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**DATE**

**ACCOUNT NUMBER** \_\_\_\_\_

**BILLING CYCLE NUMBER** \_\_\_\_\_