



BUDGET BILLING PLAN AGREEMENT

NAME AS IT APPEARS ON ACCOUNT: _____ DATE: _____

ADDRESS: _____ ACCOUNT # _____

I understand that submitting this form authorizes Itasca-Mantrap Cooperative to enroll me in its Budget Billing program for similar monthly payments. I understand my enrollment remains in effect until I notify Itasca-Mantrap Cooperative to cancel my participation in the Budget Billing program.

Participation in the Budget Billing program is voluntary and is offered by Itasca-Mantrap Cooperative to enable the member to pay a levelized amount for electric service each month.

Requirements to participate in the program are:

- Member's account must be paid in full.
- The request for participation must be made in writing to Itasca-Mantrap Cooperative. This agreement will remain in force until canceled by the member. This agreement may be canceled by Itasca-Mantrap Cooperative upon failure of the member to pay two monthly installments. If such cancellation is necessary, the account will then revert to the regular billing and collection procedures.
- The Budget Billing program is based on a levelized plan and the monthly payment will be based on the previous twelve (12) month's electric use. The payment may change slightly each month. The budget amount is rounded up to the nearest \$5.00
- Members will receive a bill indicating monthly electric use, amount charged and the current balance but will be billed for the Budget Billing amount.
- If any payment should be returned non-sufficient funds, the account is subject to removal from the Budget Billing program.
- The member will be given notice on the billing statement if the Budget Billing arrangement is terminated by the cooperative. When a member leaves Itasca-Mantrap Cooperative's lines, they will still be responsible for any electric use regardless if it exceeds the amount billed through Budget Billing.

 Member Signature

Office Use Only

Calculated Monthly Budget Amount: _____ Itasca-Mantrap Representative Initials: _____