

BUDGET BILLING PLAN AGREEMENT

NAME AS IT APPEARS ON ACCOUNT:	DATE:
ADDRESS:	_ ACCOUNT #
I understand that submitting this form authorizes Itasca-Manti Billing program for similar monthly payments. I understand my Itasca-Mantrap Cooperative to cancel my participation in the Participation in the Budget Billing program is voluntary and is	y enrollment remains in effect until I notify Budget Billing program.
enable the member to pay a levelized amount for electric serv	
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 cancelled by the member. This agreement may be cancelled 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
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Office Use Only

Itasca-Mantrap Representative Initials:

Calculated Monthly Budget Amount: