Levelized Billing Enrollment Form

CUSTOMER INFORMATION:

Customer Name: _____

Street Address: _____

City and State: _____ Zip Code: _____ Account Number: _____

Phone Number: _____ Email: _____

By signing below customer has agreed to participate in GRICUA's levelized billing and agree to its terms and conditions:

_____ _____

Customer Signature Date

TERMS AND CONDITIONS:

- PURPOSE: To spread power costs evenly over a twelve (12) month period.
- MONTHLY PAYMENT CALCULATION –An average of the customer's monthly electrical costs over the past 12-month period
- ELIGIBILITY – In order to enroll in the program a customer must meet the following requirements:
    - Have been a GRICUA customer for a period of twelve (12) consecutive months.
    - This program is only open to residential customers at this time.
    - Customer's account must be at a zero balance to enroll.
    - Enrollment in the program will be canceled if two (2) payments are missed.
- PARTICIPATION – Participation in the program is optional. GRICUA reserves the right to deny participation in the program.