

**SUWANNEE VALLEY ELECTRIC COOPERATIVE INC
PO BOX 160 LIVE OAK FL 32064**

BUDGET BILLING AGREEMENT

Member Name _____ Account # _____
Address _____ Home Phone # _____
_____ Work Phone # _____
Social Security # _____

I, the undersigned member, request a budget billing program for the above account. I understand that my account must qualify as outlined below:

1. My electric service must be strictly residential usage.
2. My account must have been active for at least the most recent 12 months, with no record of service disconnection due to non-payment, and, with no record of a check having been returned unpaid by my bank.
3. My account balance must be zero to enter the program.
4. The monthly budgeted payment must be received by the SVEC office on or before the delinquent date printed on the bill. If the total amount of the monthly budgeted payment is not received by the next billing date, my account will be automatically placed back on a regular billing schedule, without notification, and any previous balance becomes due immediately. Further, my account must remain off the Budget Billing Program for the next 12 months.
5. If my electric service is terminated by me or by SVEC, for any reason, the entire outstanding balance becomes due within ten days.

The monthly budget billing payment is calculated each month by averaging the previous twelve months' bills. The budget billing payment amount is printed on the electric bill.

Member Signature _____ Accepted by: _____

Date: _____ Date: _____