



Levelized Billing

P.O. Box 468 . Greenville AL 36037

P.O. Box 40 Sardis AL 36775

LEVELIZED BILLING AGREEMENT

I, _____, do hereby make application and agree to participate in Pioneer Electric Cooperative's Levelized Billing Program. I understand my Levelized Billing payment will fluctuate by a few dollars each month and that at any given time my levelized amount could be higher or lower than my actual billing amount. I understand that this levelized bill amount will be based on a rolling average monthly kilowatt-hour use.

I understand that my Levelized Billing payment is due and payable before that late date and that if I fail to pay the Levelized Billing amount, the account will be subject to cut off and removed from the Levelized Billing status. I understand that in order to stay on Levelized Billing I must maintain excellent credit with no returned checks.

I understand that I may withdraw from the program at any time by requesting to do so. I agree to bring the amount to current status at the time I withdraw from the Levelized Billing Program.

Member Name: _____

Account No.: _____

Address: _____

Home Phone No.: _____

Work Phone No.: _____

Signature: _____

Witness: _____

Date: _____