



Your Touchstone Energy® Partner 

Agreement for Levelized and Budget Billing Programs

I wish to sign up for Levelized Budget

I wish to withdraw from Levelized/Budget Billing

I understand that by signing this agreement, I will follow the rules of the Levelized and Budget Billing Programs. In order to qualify, an account (s) must have 12 months of accrued history and also must have an account balance of \$0.00.

Once the account(s) has (have) been put on either one of these programs, an arrangement may no longer be requested or granted. The bill must be paid when it is due. These programs are designed to make payment of the bill easier and represent a form of an arrangement in itself.

If the account(s) is not paid by the cutoff date, the account will be taken off Levelized/Budget bill and the total balance on the account will be due.

This agreement can be terminated by the member if a written request is submitted by the member and verified by the Co-op. Once the termination request is verified, the account will be taken off Levelized/Budget Billing. If a balance remains once the account is taken off Levelized/Budget Billing, this balance is due by the due date on the most recent bill.

If an account is taken off Levelized/Budget Billing for reasons mentioned above, the account is not eligible to re-enter the Levelized/Budget Billing program for a period of a year.

I have read and understand this agreement and by signing this agreement, do agree to abide by these rules of the Levelized/Budget Program.

Member Signature

Print Name

Account Number

Telephone Number

Date: _____

By signing the form below, I understand that my account will be taken off the Levelized/Budget program.

Once the account(s) is taken off the Levelized/Budget program, the account is not eligible to re-enter that program for a period of 1 year.

Any remaining balance is due by the due date on the most recent bill

I have read and understand this agreement and by signing this agreement, do agree to abide by these rules of the Levelized/Budget Billing program.

Member Signature

Print Name

Account Number

Telephone Number

Date: _____