

**Citizens Gas Utility District**

**Level Billing Payment Plan**

**Application and Agreement**

Level Billing Payment of \$ \_\_\_\_\_ Account # \_\_\_\_\_

Members Name \_\_\_\_\_

I, the undersigned member of Citizens Gas Utility District, hereby request and make an application to pay for my natural gas service by the level billing payment plan. Further, I understand and agree that the monthly payment indicated above will be reviewed at least annually and necessary adjustments made as required due to changes in ccf consumption, rate schedules, fuel cost adjustments, etc.

When we reconcile annually, any credit remaining will be applied to your account and any balance owed is due June 10.

I also confirm that I am the owner of the residence where this level billing account is located, and I understand that my account must be current.

**Conditions of this Agreement**

This agreement is subject to cancellation at any time due to:

- 1. Termination of natural gas service by the undersigned at the service location identified herein.
- 2. Failure to make any level billing payment prior to cut-off date; that is, disconnection of service for non-payment.
- 3. I must pay the budget amount ONLY, if I overpay, I understand I will be removed from the level billing program.
- 4. If I receive heating assistance in the calendar year, I understand that I will be removed from the level billing program and must re-enroll the following year.

Date \_\_\_\_\_ Member's Signature \_\_\_\_\_

Approved for CGUD \_\_\_\_\_