



Cherokee Electric Cooperative

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LEVELIZED BILLING AGREEMENT

I, _____, do hereby make application and agree to participate in Cherokee Electric Cooperative Levelized Billing Program. I understand my Levelized Billing payment will fluctuate by a few dollars each month and that at an given time my levelized amount could be higher or lower than my actual accounts receivable 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 by the due date and that if I fail to pay the levelized billing amount, the account will be subject to disconnection and removed from levelized billing status.

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

Member Name _____

Account Number _____

Address _____

Location Number _____

Home Number _____ **Work Number** _____

Signature _____ **Date** _____

Witness _____