

Lewisburg Gas Department

Budget Billing Application

I, the undersigned customer of Lewisburg Gas Department, hereby request and make application to pay for my Natural Gas service by the Budget Billing Payment Plan.

The budget year begins each May and ends in April. The April is the reconcile month; your April shows the balance due for the year. Your May bill shows the new monthly budget amount . Each May, the monthly payment amount will be reviewed and adjusted based on an estimated gas use.

The Budget Billing Plan will remain in effect until you, the customer, notifies Lewisburg Gas Department by written notice to terminate.

Note: Customers DO NOT have to rejoin every year.

Other 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
2.Failure to make monthly payment prior to next month's billing
3.Thirty (30) days written notice by either party

Customer's Name: _____

Service Address: _____

Route- Account: _____

Phone Number: _____ Best time to call: _____

Customer's signature: _____ Date: _____

For Office Use Only

Approved by: _____ Date Begin: _____ Date ended: _____

May \$ _____ May \$ _____ May \$ _____

May \$ _____ May \$ _____ May \$ _____

May \$ _____ May \$ _____ May \$ _____

May \$ _____ May \$ _____ May \$ _____