



**CUSTOMER AGREEMENT FOR
BUDGET BILLING – EQUAL PAYMENT PLAN**

I request Holston Electric Cooperative bill me under the BUDGET BILLING –EQUAL PAYMENT PLAN beginning with my meter reading for the month of April. I understand the BUDGET BILLING –EQUAL PAYMENT PLAN gives me the opportunity to pay the total of my average yearly service in twelve (12) equal monthly payments. In the twelfth (12th) month, the account will reconcile and restart with the next year.

I understand either I or Holston Electric Cooperative may cancel my participation. I will be subject to Holston Electric Cooperative’s Rules and Regulations for the BUDGET BILLING –EQUAL PAYMENT PLAN and its standard service policies.

Date

Signature of Member

Customer Service Representative Signature

Address of Member

Member’s Home Phone Number

Member’s Cell Phone Number

Holston Electric Account Number

Location Number