

Lewisburg Gas Department

Residential Budget Payment Plan Application

I, the undersigned customer of the Lewisburg Gas Department hereby request and make application to pay for my natural gas service by the BUDGET PAYMENT PLAN.

The Budget year begins each May and ends in April. The bill for May shows the new monthly budget payment amount and the bill for April shows the balance due for the year. Each May, the monthly budget payment amount will be reviewed and adjusted based on estimated gas use. Any credit balance will be used in calculating the new budget amount.

The Budget Billing Plan will remain in effect until I notify the Lewisburg Gas Department by written notice. NOTE: I do not have to rejoin each 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 identified below.
2. Failure to make a monthly budget payment prior to the next monthly billing.
3. Thirty- (30) days written notice by either party.

Customer's Name: _____

Service Address: _____

Account Number: _____

Customer's Signature: _____ Date _____

For Office Use Only

Approved By: _____ May ___ \$ _____ May ___ \$ _____

Date Begin: _____

May___ \$_____ May___ \$_____

Date Ended: _____

May___ \$_____ May___ \$_____

Rev.(3-98)