

CUSTOMER AGREEMENT FOR LEVELIZED BILLING
(Attachment to Policy No. BL-2)

Date _____

The levelized billing plan of Hartselle Utilities has been explained to me. I wish to participate in this program and request that Hartselle Utilities bill me under the levelized billing plan beginning with my bill for the month of _____.

I understand that either Hartselle Utilities or I may cancel my participation at the end of any billing period. My participation will be subject to Hartselle Utilities Schedule of Rules and Regulations and its Standard Service Policies.

Signature of Applicant

Address

City and State

Account Number

Telephone Number

Application approved by _____