



# LEVELIZED BILLING

## PAYMENT PLAN

### APPLICATION & AGREEMENT

MEMBER NAME: \_\_\_\_\_

RESIDENTIAL SERVICE ADDRESS: \_\_\_\_\_

DREMC ACCOUNT NUMBER: \_\_\_\_\_

I, the undersigned member of Duck River Electric Membership Corporation (DREMC), hereby request and make application to pay my electric bill according to the LEVELIZED BILLING PAYMENT PLAN. Further, I understand and agree that the monthly payment amounts will be the average of the previous twelve (12) months billing data as calculated from the measured electric use in accordance with the rate schedule in effect at the time of billing.

This agreement is considered automatically extended each year unless canceled by either the member or DREMC. I further understand that I am responsible for the payment of any additional fees billed each month to my DREMC account.

I understand that my LEVELIZED account is subject to the standard collection procedures as outlined by DREMC's Rules and Regulations, Bylaws, and Service Policies.

By signing below, I agree to the conditions of this agreement to participate in DREMC's LEVELIZED BILLING PAYMENT PLAN.

#### CONDITIONS OF THIS AGREEMENT

This agreement is subject to the following conditions:

- To be eligible for enrollment, DREMC members must have **12 months of service** at the current location, and the account must have a **zero balance** at the time of application.
- Participation in the LEVELIZED BILLING PAYMENT PLAN may be canceled at any time by the member. Cancellation of the member's participation in the payment plan will result in the reconciliation of the account where the difference between the amount paid and the actual energy used may result in a refund from DREMC or the member owing a balance to reconcile the account with the following month's bill.
- The payment plan will be canceled by DREMC upon termination of electric service by the undersigned at the service location identified herein.
- The LEVELIZED BILLING PAYMENT PLAN is a pre-arranged payment agreement between the residential member and DREMC. The payment plan will be canceled upon the member's failure to make any LEVELIZED BILLING payment before the cut-off date; that is, disconnection of service for non-payment.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by DREMC: \_\_\_\_\_

Please email the completed form to DREMC at [corpinfo@dremc.com](mailto:corpinfo@dremc.com), or drop the form off at any DREMC office.