



MADISONVILLE MUNICIPAL UTILITIES

Levelized Payment-Plus Agreement and Authorization

Customer Name _____ Account No. _____

Service Address _____

Daytime Phone Number _____ Cell Number _____

Please sign, date and return this form to the utility office. Thank you.

Signature _____ Date _____

NOTE: To be eligible the customer must:

- A. Have lived at their CURRENT address for at least twelve (12) continuous
- B. Have no more than one (1) late notice during the previous twelve (12) months.
- C. Have a zero (0) balance at the time of application.
- D. Agree to pay the full billing amount each month by the due date.
- E. Complete the utility Levelized Payment-Plus Agreement and Billing application.
- F. Customer can not be gross exempt.

FOR OFFICE PERSONNEL ONLY

Beginning Levelized Amount will be approximately \$ _____ (amount will adjust monthly) effective _____.

Processed by _____
(employee signature)