

TOWN OF LADOGA UTILITIES

Budget Billing
Agreement

2008-2009

DATE _____

1st payment 11/5/08

ACCOUNT _____

Last payment 10/5/09

NAME _____

I, the below signed wish to enroll in the Ladoga Utilities Budget Billing.

- ◆ I understand that in order to enroll, my account must be in current standings.
- ◆ I understand that to remain in Budget Billing I must make my monthly payment on or before the 5th due date of each month.
- ◆ I understand that failing to make said payment, my account will be removed from Budget Billing for the remaining Budget Year and any credit will be applied to my next bill.
- ◆ I understand that while making timely payments, my account will not be assessed penalties. However, failure to make timely payments will result in penalties being assessed.
- ◆ I understand that if after six months into the Budget Billing cycle my estimated payment is proving to be too low, an adjustment will be made to compensate for underpayment.
- ◆ I understand that the twelfth month of the Budget Billing cycle will be the settlement month. If my account has a credit, that credit will be applied to my twelfth month's bill and any remaining will be refunded to me if I choose not to remain on the budget billing. If my account has a balance, that balance must be paid in full on the twelfth month if I wish not to remain of budget billing. Otherwise the balance will be rolled over into a new budget amount.
- ◆ I understand that I must re-enter into this Budget Billing Agreement yearly.

Estimated Budget Billing: _____

(Based on an average over the last year)
