

South Alabama Electric Cooperative, Inc.  
P.O. Box 449  
Troy, Alabama 36081

## Levelized Billing Agreement

I, \_\_\_\_\_, do hereby make application and agree to participate in South Alabama Electric Cooperative's Levelized Billing Program. I understand my levelized billing payment will fluctuate by a few dollars each month and that at any given time my levelized amount could be higher or lower than my actual accounts receivable billing amount. I understand that this levelized bill amount will be based on a rolling average monthly kilowatt-hour use.

I understand that my levelized billing payment is due and payable before the delinquent date and that if I fail to pay the levelized billing amount, the account will be subject to disconnection and removed from levelized billing status.

I understand that I may withdraw from the program at any time by requesting to do so. I agree to bring the account to current status at the time I withdraw from the Levelized Billing Program.

Member Name \_\_\_\_\_  
Account No. \_\_\_\_\_

Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_