

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.

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 _____

For office use only:

Estimated Levelized Amount at time of Account Creation _____