

BUDGET BILLING APPLICATION

Gas ONLY w/Graysville Gas

Please answer the following questions to request budget billing for gas service:

- Do you own or rent: _____
- What is your gas used for: _____
- Have you ever been late in the past 36 months: ____ if so why: _____
- Do you have a deposit on your account: ____ if so, how much: _____
- How long have you been on service: _____

I authorize the City of Graysville, and/or The Water Works Board of the City of Graysville, to place my account(s) on their Budget Billing Plan for my natural gas service located at _____ customer number _____, route/account-sub _____ number.

I agree to keep my account balance current. If not paid by the 15th of the month, my bill will incur a late fee of 10%. I understand that my failure to do so will result in this account being taken off the Budget Billing Plan without prior notification, and in such case, I will not be eligible for the Budget billing Plan for 12 months. I understand that once my account is taken off the Budget Billing Plan the entire balance will become due by the 25th. I understand that the terms and conditions for the Budget Billing Plan can change at any time and is upon approval.

The amount that will be paid each month beginning in April will be _____ and **does not include any water charges.**

X _____
Account Name (Please Print)

X _____
Signature

Phone Number

Email address