



BUDGET BILLING APPLICATION

I hereby authorize Graysville Municipal Gas Systems to enroll my natural gas service account in their Annual Gas Budget Billing Plan.

I agree to maintain a current account balance. **I understand a 10% late fee will be applied if payment is not received by the 15th of each the month.** *Failure to keep my account current, receiving payment no later than the 25th will result in its removal from the Budget Billing Plan without prior notification, and I will be ineligible to re-enroll in the plan for 12 months + March signing period.*

I further understand that if my account is removed from the Budget Billing Plan, the entire outstanding balance will become due by the 25th of that month. Any credit balance will remain on the account until it is closed.

I acknowledge that the terms and conditions of the Budget Billing Plan are subject to change at any time and enrollment is subject to approval.

- Service Address: _____
- Customer number: _____
- Route/Account-Sub: _____

Beginning in April, the monthly payment amount will be \$ _____. Please note that this amount does not include water service charges, if applicable.

Print Account Name

Signature

() _____
Phone Number

Email Address

Application Date

Year Budget to Begin