



BUDGET BILLING AGREEMENT

___ Yes! I would like to save time with the monthly budget billing service.

REA Account Number (s): 1. _____ - _____
2. _____ - _____
3. _____ - _____

Customer Name _____

Mailing Address _____

City/Province _____ Postal Code _____

Phone: Home _____ Business _____

Budget billing payments will commence _____, 20____.

Budget bill amount \$_____.

I/We hereby request Central Alberta Rural Electrification Association Ltd. to bill me/us with monthly installments based on my/our consumption of power for the past twelve months. The monthly installments will be reviewed and set by Central Alberta Rural Electrification Association Ltd. If these monthly payments are not maintained, I/we understand that Central Alberta Rural Electrification Association Ltd. will remove this account from the Equalization Program upon Notification. 2% penalty will apply if the installment is not paid by the due date.

Signature

Second Signature (If applicable)

Preauthorized withdrawal service is available under the budget billing service. If you are interested in this service, please call our office for more information.