

BUDGET BILLING REQUEST

Name: _____

Account number: _____

Location: _____

City: _____

I am requesting that my current service (at the address listed above) be changed to budget billing. I understand there will be 12 equal payments in the amount listed below that must be made *by the designated due date or risk cancellation* and I am responsible for monitoring the balance on a regular basis.

At the end of 12 months the budget amount will be reset and any credit or debit balance remaining will be rolled into the next year's calculated budget payment amount.

You will be notified by letter if the credit or debit balance exceeds \$500. Refunds of any credit balance at the end of the 12 months must be requested.

BUDGET AMOUNT: _____

(to be calculated by Account Representative)

Signature of Customer: _____ Telephone number: _____

Date: _____ Entered _____

Office Initial/Date

Rev. 9/09/11

Bring this form to the City Building, or mail it to:

CITY OF HENDERSON TREASURY DIVISION, P.O. BOX 716, HENDERSON, KY. 42419-0716