



# Application and Agreement for Levelized Billing

## Central Virginia Electric Cooperative

**Please fill out the information below and return to Central Virginia Electric Cooperative.**

I wish to have my account placed on Levelized Budget Billing as offered. I understand that:

- my account will remain on the Levelized Budget Billing plan until I request that the account return to the regular monthly plan or until I fail to meet the provisions of the plan.
- failure to pay the monthly levelized budget payment each month will result in my account being removed from the Levelized Budget Billing Plan.
- my account must be paid up and that I must have 2 or fewer late payments in the past 12 months.

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Member's  
name

---

Account  
Number

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Date to start  
Levelized Plan

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Member's  
Signature

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Date

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**FOR OFFICE USE ONLY:**

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Request Approved		Date / MSR Initials	
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