



Application for **Budget Billing**

FINANCIAL SERVICES USE ONLY:

Customer Name(s)	
Service Address(s)	
Phone Number	
Email Address	
Do You Want to Select Pre-Authorized Payment from a Bank Account or Credit Card?	Yes <input style="width: 30px; height: 15px;" type="checkbox"/> No <input style="width: 30px; height: 15px;" type="checkbox"/>
Are you the Owner or a Tenant?	Owner <input style="width: 30px; height: 15px;" type="checkbox"/> Tenant <input style="width: 30px; height: 15px;" type="checkbox"/> If Tenant, complete below: Owner's Name: _____

Please note that if two consecutive budget payments are missed, your account will automatically be removed from the budget billing program and will not be eligible for re-instatement for the period of 1 year.

Unless otherwise instructed, your account will automatically roll-over into a new budget on September 1, 2018 at which time a new budget installment amount will be calculated. You will be mailed documentation regarding the new budget at this time.

(Signature)	(Date)
(Print Name)	

FINANCIAL SERVICES USE ONLY: Date Received: _____ Balance Owning: _____ Completed By: _____
