



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

No

Are you the Owner or a Tenant?

Owner

Tenant

If Tenant, complete below:
 Owner's Name: _____

Please note that if 2 consecutive budget payments are missed, your account will be automatically be removed from the budget billing program and will not be able to be re-instated 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: _____
