



BUDGET BILLING APPLICATION

CITY OF FARMER CITY

105 S MAIN ST, FARMER CITY, IL 61842

Name on Account: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Account #: _____

Please put my account on Budget Billing beginning with October/April _____ bill.
Year

Terms/Conditions:

- Applications will be reviewed on a case by case basis
- The City reserves the right to deny a request for budget billing for any reason
- City must have a twelve (12) month billing history for the applicant at the location requested
- Applicant must be current with the utility (no outstanding balance)
- Applicant agrees to pay the full budget amount each and every month by the due date.
- Applicant agrees that any payment of less than the budget amount will be subject to SHUT OFF
- Applicant agrees that if SHUT-OFF for non-payment, the account is not eligible for budget billing for a calendar year unless automatic payments via ACH are registered
- Applicant agrees that after two delinquent payments, the account is not eligible for budget billing for a calendar year unless automatic payments via ACH are registered
- Applicant agrees that budget billing accounts are ineligible for time extensions or payment agreements
- Applicant agrees that September or March are the "settle-up" months if budget billing did not cover charges through the year. If the account has a debit (or credit) balance, that balance will be applied to the calculations for the next Budget Billing year and applicant agrees to pay any debit balance that is applied
- Applicant will subject to discontinuance of budget billing after 6 months for violation of any of these terms and conditions

You will be notified by mail if your application is accepted and provided with the monthly payment amount at that time.

By signing this document, I acknowledge that I have read, understand and agree to the terms and conditions as listed above.

Signature of Applicant

Date signed