



# MADISONVILLE MUNICIPAL UTILITIES

## Levelized Payment-Plus Agreement and Authorization

Customer Name \_\_\_\_\_ Account No. \_\_\_\_\_

Service Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Please sign, date and return this form to the utility office. Thank you.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: To be eligible the customer must:**

- A. Have lived at their CURRENT address for at least twelve (12) continuous
- B. Have no more than one (1) late notice during the previous twelve (12) months.
- C. Have a zero (0) balance at the time of application.
- D. Agree to pay the full billing amount each month by the due date.
- E. Complete the utility Levelized Payment-Plus Agreement and Billing application.
- F. Customer can not be gross exempt.

**FOR OFFICE PERSONNEL ONLY**

Beginning Levelized Amount will be approximately \$ \_\_\_\_\_ (amount will adjust monthly) effective \_\_\_\_\_.

Processed by \_\_\_\_\_  
(employee signature)