

# RURAL ELECTRIC COOPERATIVE

PO Box 609 – Lindsay OK 73052  
(405)756-3104 – (405)756-8957-Fax

## AVERAGE MONTHLY PAYMENT PLAN APPLICATION FORM

Upon completion of this application for the Average Monthly Payment Plan, you agree to pay the amount that will be calculated to be your average on your most recent 12 months billing. **The calculated average payment amount is due by the due date printed on your bill each month. This average is the most recent 12 month average and will vary each month as the oldest bill rolls off and the newest bill comes on.**

You will remain on a budget plan until you request to be taken off or **Rural Electric Cooperative may cancel your participation in this plan if your account becomes delinquent, or other qualifications are not met. If you have more than 2 late payments in a 12 month period the account will be removed from budget and your account will not qualify for budget until the credit history meets the qualifications.**

This plan is valid only as long as you, our consumer-member, resides at **this** location which we serve. This plan is non-transferable to any other party.

**PLEASE FILL OUT THE BOTTOM PORTION OF THIS FORM, DETACH AND RETURN TO US. RETAIN THIS HALF OF THE APPLICATION FORM FOR YOUR REFERENCE. THE BUDGET AMOUNT INCLUDES ONLY THE ACCOUNT LISTED BELOW. PLEASE SIGN AN APPLICATION FOR EACH ACCOUNT THAT YOU WANT ON BUDGET.**

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“I have read the above statements and agree to abide by the terms as have been stated for the Average Monthly Payment Plan.”

**NAME:** \_\_\_\_\_ *return to office by:* \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ESTIMATED AVERAGE MONTHLY PAYMENT AMOUNT:** \_\_\_\_\_ **BEGINS ON** \_\_\_\_\_  
**THE COMPUTER WILL FIGURE AVERAGE AND THIS MAY NOT BE THE EXACT AMOUNT**

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **DAYTIME PHONE:** \_\_\_\_\_

**YOUR BILL MUST HAVE A ZERO BALANCE BEFORE YOU BEGIN ON BUDGET. WE WILL NOT START YOUR BUDGET UNTIL YOU HAVE PAID ALL OF YOUR BALANCE ON YOUR ACCOUNT.**

**ACCOUNT NUMBER:** \_\_\_\_\_