

AGREEMENT FOR LEVELIZED PAYMENT PLAN (LPP)
CO-MO ELECTRIC COOPERATIVE, INC.

Co-Mo Electric Cooperative offers a Levelized Payment Plan (LPP) under which our customers may spread their higher heating and cooling costs throughout the entire year. Using LPP may help ease the many burdens placed on budgets, especially as the cost of living continues to move upward. Please review the details of this program below. If you would like to be considered for billing under the LPP program, complete the form below and return this agreement to our Tipton Office.

ELIGIBILITY REQUIREMENT FOR LPP:

1. Current bill paid in full and twelve months of good pay history at the account to be placed on LPP.

OPERATION OF LPP:

1. A rolling 12-month average is used to determine the levelized bill. The levelized bill may vary slightly from month to month to adjust for general increases or decreases in usage.
2. Member agrees to pay the level payment amount due each month. If advance payments or credits are made, they will be considered in the rolling 12-month average balance but will not reduce the monthly level amount due.
3. LPP may be terminated:
 - a. Upon disconnect of service
 - b. Upon consumer's request
 - any debit balance will be due and payable immediately
 - any credit balance will be applied to the account
 - c. If good pay history is not maintained by consumer

Please place my account(s) on the Levelized Payment Plan. I understand that, under this plan, I will pay approximately 1/12th of my annual electric usage each month and not the actual usage for the month. I agree to abide by the requirements for the Levelized Payment Plan.

Applicant Name: _____

Spouse/Joint Applicant Name: _____

Customer Number: _____ **Contact Tracking # (Completed by Co-Mo):** _____

TO BE COMPLETED BY THE APPLICANT(S)

Co-Mo Account(s) #: _____ # _____ # _____

_____ # _____ # _____ # _____

(Account #'s can be found on your monthly billing statement.)

Billing Address/City/State/Zip: _____

Phone #'s: Home: _____ **Work:** _____ **Cell:** _____

(*Complete if information is different than listed above.)

Applicant Signature: _____ **Date:** _____

Spouse/Joint Applicant Signature: _____ **Date:** _____

PLEASE COMPLETE AND RETURN ONE (1) COPY TO THE COOPERATIVE.

Mail: Co-Mo Electric - Attn: Customer Service - PO Box 220 - Tipton, MO 65081 or Fax: 660-433-5731

- OFFICE USE ONLY -

ID: web

REC'D DATE: _____ **BILL CYCLE:** _____ **DATE LPP INFO WAS ENTERED IN CIS:** _____