



BEREA MUNICIPAL UTILITIES
LEVELIZED BUDGET BILLING
Authorization Agreement for Levelized Budget Billing

Name, as it appears on bill _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____

Account Number: _____

You may participate in Levelized Budget Billing if:

1. You have at least 12 months history at your current location.
2. Your account is currently at a zero (\$0.00) balance.
- 3.

The only time you have to reconcile your account is when you leave Berea Municipal utilities Services, or you decide you no longer want to participate in Levelized Budget Billing.

If you fail to pay the budget amount by the 19th of the month, you will immediately be returned to the regular billing plan.

Signature _____ Date _____