

BUDGET BILLING AUTHORIZATION

I authorize the City of Graysville, and/or The Water Works Board of the City of Graysville, to place my account(s) on their Budget Billing Plan for my natural gas service located at:

My customer/account number for this location is _____. I agree to keep my account balance current. **If not paid by the 15th of the month, my bill will incur a late fee of 10%.** *I understand that my failure to do so will result in this account being taken off the Budget Billing Plan without prior notification, and in such case I will not be eligible for the Budget billing Plan for 12 months. I understand that once my account is taken off the Budget Billing Plan the entire balance will become due in full.* I understand that the terms and conditions for the Budget Billing Plan can change at any time.

The amount that will be paid each month beginning in September will be _____.

Name (Please Print)

Signature

Date