

BUDGET BILLING AUTHORIZATION

Gas ONLY w/Graysville Gas

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 _____ customer number _____, route/account number _____. 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 by the 25th.* [I understand that the terms and conditions for the Budget Billing Plan can change at any time and is upon approval.](#)

The amount that will be paid each month beginning in September will be _____ and **does not include any water charges.**

X _____
Account Name (Please Print)

X _____
Signature

X _____
Date