

## Levelized/Fixed Budget Authorization

Customer Name \_\_\_\_\_

Customer Account No. \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Effective \_\_\_\_\_, place my account on levelized or fixed budget:  
Month

Levelized Amount will be approximately \$\_\_\_\_\_. (Amount will adjust monthly.)

Fixed Amount will be \$\_\_\_\_\_. (Amount will be the same for eleven (11) months, and settle-up in 12th month.)

Please sign, date and return this form to the address below.  
Thank you.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Note:** In order to start budget billing your account must have a zero (0) balance, and all payments must be paid by due date.)

### Office Use:

\_\_\_\_\_  
Processed By (Employee Signature)

\_\_\_\_\_  
Date

**Return Form to: Shelby Energy Cooperative, 620 Old Finchville Rd., Shelbyville, KY 40065**