

AUTHORIZATION AGREEMENT FOR UTILITY BILLING BUDGET PROGRAM

UTILITY BILLING BUDGET PROGRAM POLICY

1. Account must show a twelve (12) month history of prompt payments in the customer's name for the customer to participate in the budget billing program.
2. Budget Billing 12-month calculation period is September through October of each year. The beginning month will be November and the ending month will be October.
3. All Accounts will be evaluated annually, and notice of adjustment will be sent prior to the November billing of each year.
 - Any over payment or under payment appearing on the account, due to prior year budget billing participation, will be prorated into the budget-billing amount for the next 12-month period.
4. Bills are due on the 10th of the month and become delinquent the following day.
 - The second (2nd) occurrence of failure to pay by the due date on the 10th of the month, in the 12-month budget billing period, will automatically result in immediate termination of the budget billing program.
 - To be reinstated to the budget-billing program after being disqualified for any reason, the account must show a 12-month history of prompt payment.
5. Any account being closed during participation in the budget-billing program will have any accumulated over payment or under payment amount reflected in the final bill of the account.

I (we) have read the above Utility Budget Billing Program Policy and do hereby authorize my (our) account to be enrolled in the Utility Budget Billing Program. Except as provided above, this authority is to remain in full force and effect until the City of Bridgeport has received written notification from me (or either of us), 30 days prior to termination and in such a manner as to afford the City of Bridgeport a reasonable opportunity to act on it. And in no event shall the notification be effective with respect to billing entries that have already been processed by the City of Bridgeport. Customers must give the City of Bridgeport 30 days' notice prior to the customer requested termination date for the request to be granted.

Printed Name: _____ Account # _____

Customer Signature: _____ Date: _____