

Citizens Gas Utility District

P.O.Box 320

Helenwood, TN 37755

Phone: (423)569-4457 Fax: (423)569-5303

Level Billing Payment Plan

Application and Agreement

Level Billing Payment of \$ _____ Account # _____

Members Name _____

Mailing Address _____

I, the undersigned member of Citizens Gas Utility District, hereby request and make application to pay for my natural gas service by the level billing payment plan. Further, I understand and agree that the monthly payment indicated above will be reviewed at least annually and necessary adjustments made as required due to change in ccf consumption, rate schedules, fuel cost adjustments, etc.

I also confirm that I am the owner of the residence where this level billing account is located and I understand that my account must be current.

Conditions of this Agreement

This agreement is subject to cancellation at any time due to:

1. Termination of natural gas service by the undersigned at the service location identified herein.
2. Failure to make any level billing payment prior to cut-off date; that is, disconnection of service for non-payment.

Date _____

Member's Signature _____

Approved for CGUD _____