

**AMICALOLA ELECTRIC MEMBERSHIP CORPORATION  
JASPER, GEORGIA**

**LEVELIZED BILLING AGREEMENT**

Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

(please include a voided check)

Bank Account Number: \_\_\_\_\_

I, the undersigned, hereby apply for levelized billing for the above referenced account(s). I further understand and agree that my account must have a minimum billing history of 12 months and a zero balance with no record of late charges or cutoff notices. I agree to draft my checking account each month for my electric bill.

Levelized billing is determined using the current month's usage in kilowatt hours of consumption. To this we add the previous 11 months of actual usage and divide by 12, giving a 12 month average. The current rate is applied to the usage to determine the levelized payment. The following month the process is repeated dropping the 13<sup>th</sup> month and adding the current to allow a rolling 12 month history. The actual bill is also calculated and shown for the member's information to render an accurate balance forward, credit or arrears due.

Signature \_\_\_\_\_