

**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: _____

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.

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 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 _____