



AVERAGE MONTHLY BILLING AGREEMENT

REGISTRATION PERIOD – OCTOBER – NOVEMBER

ACCOUNT # _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

TO TAKE ADVANTAGE OF THE AVERAGE MONTHLY PLAN (AMP) YOU MUST HAVE TWELVE (12) MONTHS GOOD CREDIT HISTORY WITH THE COLLINSVILLE UTILITIES AND YOUR BILL MUST BE CURRENT. (NO MORE THAN TWO LATE PENALTIES IN THE LAST 12 MONTHS.) **TO STAY ON THE AMP PLAN YOU MUST PAY YOUR BILL BY THE 10TH OF EACH MONTH.** THIS PROGRAM IS FOR CUSTOMERS THAT PAY THEIR BILLS BY THE DUE DATE EACH MONTH. YOU WILL BE ALLOWED TO HAVE ONE LATE PAYMENT (EMERGENCY) A YEAR. AFTER THAT YOU WILL BE SUSPENDED FROM THE PROGRAM AND WILL BE EXPECTED TO PAY YOUR ACCOUNT BALANCE IN FULL. PARTICIPATION FOR TWELVE (12) MONTHS IS REQUIRED.

I _____ UNDERSTAND AND WILL ABIDE BY THE RULES FOR THE AMP PROGRAM.

SIGNATURE OF APPLICANT

DATE

****FOR OFFICE USE ONLY****

ENROLLMENT DATE: _____

ENTERED BY

SUSPENSION DATE: _____