TOWN OF CLAYTON
Budget Billing Application

Account #_____

Name of Customer: _____

Service Address: _____

Phone Number: (Home) _____ (Alternate) _____

I desire to have the Town of Clayton bill my account in equal monthly amounts for the purpose of budgeting my expenses. My signature below signifies that I understand and agree to the terms of the policy shown on this application.

Budget Bill Payment Plan

The purpose of this Budget Bill plan is to offer customers an option to pay a flat amount per month for their utility service account. The amount is based on an average of the customer's last twelve months of utility bills. The customer is responsible for paying at least this budget bill amount by the due date each month for twelve months. Due dates will remain the same as the normal billing cycle and all penalty and cutoff policies will remain in effect.

On the twelfth month of budget bill payments, the customer's account will either have a balance or a credit. In the event of a remaining balance, the customer's budget bill amount will be increased for the next twelve months to include the remaining balance. In the event of a credit, the customer's budget bill amount will be decreased for the next twelve months to incorporate the credit.

In the event one of the following conditions apply to an account, the customer will be required to bring their account to a zero balance and will no longer be eligible for the plan: disconnection for nonpayment, returned checks/drafts, meter tampering, and/or falsification of information provided on service application. If the customer is delinquent three (3) or more times in a twelve-month period, they will be removed from the budget bill program.

No penalties will accrue, regardless of account balance, if payment is received by the due date.

Any customer who had any delinquencies or bad checks in the previous twelve months is not eligible for this plan.

The Town reserves the right to request a payment adjustment conference with the customer between anniversary dates if it appears that the amount billed and the amount paid will vary by a substantial amount.

_____   _____
Authorizing Signature   Date