



**Mississippi County
Electric Cooperative, Inc.**
510 North Broadway, P.O. Box 7, Blytheville, AR 72316-0007
(870) 763-4563 Fax: (870) 763-0513

Levelized Billing Application

I, the undersigned member of Mississippi County Electric Cooperative, Incorporated, do hereby apply for Levelized Billing as provided by policy number 3 of Mississippi County Electric Cooperative, Incorporated.

It is my understanding that the bill rendered to me each month shall be:

If service has been connected one year or longer the bill shall be based on an average of the current month and the past 11 months actual usage or if service has been connected less than one year the bill shall be an average bill for that rate class.

If I withdraw from Levelized Billing, I shall have the option of paying the account balance in full, or, if qualified, make a delayed agreement, or if my account has a net credit balance, Mississippi County Electric Cooperative, Incorporated will refund this amount within 30 days, if requested.

I understand that it will not be necessary for me to reapply for Levelized Billing each year, and I will remain on it until such time as I request my account be removed from Levelized Billing.

Full Name: _____

Billing Address: _____

Phone Number: _____

E-mail Address: _____

Account Number: _____

Please mail or fax this completed form to the address listed at the top of this form