

**OVERTON POWER DISTRICT #5
AUTHORIZATION FOR LEVELIZED BILLING**

*****Must have one year of history at the location*****

*****Once removed from Levelized Billing (disconnect or termination)
You will not be eligible to reinstate Levelized Billing for 12 months*****

Payment Terms: I will only need to pay the **Levelized** amount of my bill each month and I will pay by the due date on my bill. If I pay late I will pay the amount with the penalty included. I understand that if I do not pay the correct amount I may be removed from **Levelized** Billing and returned to the standard billing process. I will also be required to settle my account in full. I hereby authorize Overton Power District #5 to initiate Levelized Billing to my account. This authorization is to remain in full force and in effect until payment terms are not met or until Overton Power District #5 has received written notification from me to terminate this agreement.

MY NAME _____

PHYSICAL ADDRESS _____

OVERTON POWER ACCOUNT NO. _____

TODAY'S DATE _____

SIGNATURE _____

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NOTES & COMMENTS _____

Processed By _____
Date _____