



Level Billing Authorization Form

Start Date: _____ **Account Number:** _____

Account Name: _____

Service Address: _____

I authorize the Village of Yellow Springs to enroll my account in the level billing program. I understand that if I fail to make my full monthly payment that I will be automatically removed from level billing and any balance accrued will be due immediately.

I agree to be charged the level billing amount of \$ _____ to be billed to my account each month. I understand that the amount of my level billing may not be lower than the average monthly amount generated by the history in my account. I understand the village will reassess my account every six months and adjust my level bill amount if needed.

I also understand that every February my account will be reconciled and billed in March. At that time, I may owe for being undercharged or I may receive a credit for being overcharged, as a result of my level billing amount and my actual usage.

I may choose to discontinue at any time as long as there is a 30-day advance notice given to the Utility Office.

Customer Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date Entered: _____

By: _____