

Main Office (406) 883-7900
or (406) 675-7900
Office Fax (406) 883-7919
Warehouse Fax (406) 883-7923
Hot Springs Svc. Ctr. (406) 741-3402



MISSION VALLEY POWER

Post Office Box 97 * 36079 Pablo West Road * Pablo, MT 59855-0097



BUDGET BILLING AGREEMENT

(SIGN UP MAY – SEPTEMBER)

Customer Name _____ **required**

Account _____ **required**

Location # _____

Budget Billing Amount \$ _____ per month (to be calculated by MVP)

I acknowledge that the Budget Billing service is governed by the rules and regulations as specified in CFR, Title 25, Part 175 and the MVP Operations Manual.

I understand that the budget-billing program requires that my account will be adjusted annually. If a credit balance is accumulated, this balance is applied to my account. I understand that the credit is refundable only upon termination of service.

I understand that Mission Valley Power retains the right to disconnect service for non-payment of the agreed-upon budget billing amount. If this occurs, Mission Valley Power retains the right to demand payment of the total amount due at that time, which may be higher than the agreed-upon monthly payment. I understand that I will not be eligible for budget billing again for twelve (12) months from the date of cancellation of the budget billing agreement.

I agree that the budget billing payment may be modified if a rate change is approved during the billing period, or if through a routine review, the said amount is not sufficiently covering the monthly bill. I understand that this agreement may be terminated by notice from me and I understand that if I terminate this agreement, all amounts owed by me must be paid in full. I also understand that Mission Valley Power may terminate this agreement if I fail to pay the agreed-upon amount every month. I understand that my payments must be made in a timely manner and that any delinquent payments will result in the cancellation of this agreement.

I agree to notify Mission Valley Power of any change of address.

Customer Signature _____ **required**

Date _____

Mailing Address _____ **required**

Phone No. _____ **required**

Social Security No. _____ **required**

CSR : _____ Date: _____

Entered by: _____ Date: _____