



Plateau Electric Cooperative

16200 Scott Highway
P.O. Box 4669
Oneida, TN 37841-4669
Telephone: 423/569-8591
Fax: 423/569-6005

EQUAL MONTHLY PAYMENT PLAN

Application and Agreement

Equal Monthly Payment of \$ _____

Member's Name _____

Mailing Address _____

Account Number _____

Phone Number _____

I, the undersigned member of **Plateau Electric Cooperative**, hereby request and make application to pay for my electric service by EQUAL MONTHLY PAYMENT PLAN. Further, I understand and agree that the monthly payment indicated above will be reviewed at least annually and necessary adjustments made as required due to changes in KWH consumption, rate schedules, fuel cost adjustments, etc.

CONDITIONS OF THIS AGREEMENT

This agreement is subject to cancellation at any time due to:

1. Termination of electric service by the undersigned at the service location identified herein.
2. Failure to make any Equal Monthly Payment prior to cut-off-date, that is, disconnection of service for non-payment.
3. Thirty days written notice by either party.

Date

Member's Signature

Approved for PEC _____