



# Plateau Electric Cooperative

16200 Scott Highway  
P.O. Box 4669  
Oneida, TN 37841-4669  
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## EQUAL MONTHLY PAYMENT PLAN

### Application and Agreement

Equal Monthly Payment of \$ \_\_\_\_\_

Member's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Account # \_\_\_\_\_

Phone # \_\_\_\_\_

I, the undersigned member of PLATEAU ELECTRIC COOPERATIVE, hereby request and make application to pay for my electric service by the 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 \_\_\_\_\_