



**BUDGET PAYMENT PROGRAM**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

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

Thank you for your interest in our Community Co-ops Budget Payment program for your account management. The budget payment applies to natural gas consumption and monthly meter fee.

We have calculated a budget amount based on your 12 month account usage at \$\_\_\_\_\_. Budget amounts will be reviewed yearly and adjusted accordingly.

Your account must be current before starting the budget payment and must remain up to date in order to continue on the budget program. Payments are due by the 15<sup>th</sup> of each month and the status of your budget will be reflected on your monthly statements.

The budget payment will appear on your monthly statement and will be ongoing from year to year unless you notify Community Co-ops of your desire to discontinue.

If you agree to pay the budget amount listed, please sign and date as indicated below. Return this form to our Mahnomen office to set up your budget agreement.

Please call the Mahnomen office at (218) 935-2281 if you have any questions, or if you would like to discuss a different budget amount.

**Budget Payment Agreement:**

I hereby agree to pay the monthly budget amount of \$\_\_\_\_\_. My budget account will be ongoing unless I notify Community Co-ops of my desire to discontinue.

I understand that I must keep my account current to remain on the budget program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Lake Park Office: 218-238-5911 (800-992-6671)  
Mahnomon Office: 218-935-2281 (888-935-2281)

### Payment Plan Agreement

Customer Name \_\_\_\_\_ Account # \_\_\_\_\_

The customer listed above agrees to the payment plan as noted below for the customer's outstanding account balance plus future charges. Should the customer deviate from the agreed upon payment plan at any time, Community Co-ops of Lake Park will reserve the right to disconnect the service.

Please be aware if your service is disconnected, there is a \$75.00 reconnection fee and the account must be paid in full.

### Payment Information

Payment Period \_\_\_\_\_ through \_\_\_\_\_

Payment Schedule: \_\_\_\_\_ equal monthly installments of \$ \_\_\_\_\_ per month

First payment due \_\_\_\_\_

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By signing below, I acknowledge that I have read and agree to the terms of this agreement.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

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Approved by \_\_\_\_\_

\*included with the payment plan is a brochure from MN Public Utilities Commission