



Levelized Payment Plan Form

Please put my account on Levelized Payment Plan. My account name is _____ and my account number is _____. My account must have a zero balance before this plan can be implemented. If for some reason I do not pay the amount specified, my account will be automatically removed and a settle up bill will be mailed.

Signature: _____

Date: _____

FOR USE BY PEA RIVER ELECTRIC COOPERATIVE ONLY

CYCLE _____

DATE RECEIVED _____

DATE CODED _____

REVIEW MONTH _____