

Level Pay Agreement

All members participating in the Level Pay Agreement will receive a monthly statement indicating the actual KWH consumed and the balance on their account. The amount due will only reflect the average usage for each location.

Please provide the necessary information and initial each box below. After printing the completed form please sign and remit by fax, mail or in person.

Fax: Attention Billing Dept.
417-682-5276

Phone: 417-682-5636
800-286-5636

Mail: Barton County Electric
Attention Billing Dept.
91 W 160 Hwy
Lamar, MO 64759

Member Name: _____ Monthly Amount _____

Account # _____ Social Security or Member # _____

I understand that every year, for the month of **September**, the Cooperative will audit my account and bill any usage above the estimated amount. The balance must be paid in full by October 15th.

I understand and meet the requirements needed to participate in this program. Said requirements include having maintained one year of service at this location with approved credit history.

I am aware that if any payment concerning this account is past due my level pay agreement will become void and my regular monthly billing, based on actual usage, will resume.

The Cooperative reserves the right to terminate this agreement.

Member's Signature _____ Date _____

Office Use Only

Approved by _____ Date _____

Level Pay Agreement to Begin _____