

Taylor County  
Rural Electric Cooperative Corporation  
PO Box 100  
Campbellsville, KY 42719

NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

I, \_\_\_\_\_ account number \_\_\_\_\_, wish to apply for the Taylor County RECC Budget Payment Plan.

I understand that my payments will be of equal amounts as determined by Taylor County RECC for the months of July \_\_, 20 \_\_, to May \_\_, 20 \_\_ with the first payment being due July, 20 \_\_, and subsequent payments due by the last working day of the month.

I further understand that the month of June, 20 \_\_ will be account-settlement month; and that, if my account has been billed under actual usage, that the difference between actual usage and amount billed under actual usage will be due by June \_\_, 20 \_\_. If a credit exists on the account, it may be applied to my June, 20 \_\_ bill and or taken into consideration when next year budget is is figured.

I further understand that I will be dropped from the budget payment plan for failing to send the full amount of the Budget Payment when due; and if dropped that I will be billed by the normal billing procedures.

It is further understood that the budget payment amount may be adjusted by Taylor County RECC for any rate increase or decrease granted by the Kentucky Public Service Commission.

MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ PHONE NO. \_\_\_\_\_