Lexington Utilities
.54 Monroe Avenue
Lexington, TN 38351

(731) 968-5213 Water Systems
(731) 968-2917 Gas System
(731) 968-6652 Office Fax

BUDGET BILLING PROGRAM

I. Applicant Information

_____ _____ _____
First Middle Last

_____
Service Address (actual service location)

_____
Mailing Address (If different from service address)

_____ _____
Home Telephone Number Work Telephone Number

II. Agreement

I, the undersigned applicant, hereby make application to Lexington Utilities, the utility supplier, to participate in the Budget Billing Program. As witnessed by my initials, I have read and understood the following Budget Billing Program guidelines and requirements:

_____ Customer applications must be **received and processed** by the Utility Supplier prior to May 1, 2026.

_____ The program will run on a 12-month cycle.

_____ The program will start with the first utility bill sent out during the month of May and end with the utility bill sent out during the month of April.

_____ The customer will pay 11 equal monthly payments and 1 final settlement payment each Budget Billing Program period. Any credits accumulated at the end of the Budget Billing Program period will be applied to the customer account.

_____ The customer Budget Billing bill will be calculated as the sum of the prior 12 months utility billing, plus 5%, divided by 12.

_____ The customer must have had residential service, at their current residence, for at least 12 months prior to May 1.

_____ If the customer is terminated for non-payment, the customer will be withdrawn from the Budget Billing program and settlement of the account is required immediately. (Other Utility Supplier fees, such as deposits and reconnection charges, will apply.)

_____ The customer must maintain a good credit rating such as no return checks or bank drafts. A poor credit standing will cause the customer to be withdrawn from the Budget Billing Program and settlement of the account is required immediately.

_____ For payment processing, accounts must be set up on automated bank draft.

_____ If the customer withdraws from the Budget Billing Program prior to program completion, settlement of the account is required immediately.

_____ **After initial sign up for budget billing, you will automatically be re-enrolled each year (as long as you meet the requirements). If you decide to withdraw from Budget Billing, you must do so in writing.**

_____ **Date**: _____
Applicant's Signature

☐ Homeowner ☐ Renter Calculated Budget Billing Payment: $ _____

1st Bill Date: _____ Cycle: _____ Prepared By: _____ Notice Mailed Date: _____