



## LEVELIZED BILLING OPT-IN FORM

Please complete all fields in the form below to submit your Levelized Billing request. An opt-in request must be submitted for each account number.

**If you choose to opt-in to Talquin’s Levelized Billing Option, you are agreeing to allow Talquin to bill your account monthly based on a rolling 13-month average. Accounts must have a zero balance and at least 13 months of consecutive AMI usage history to be eligible for Levelized Billing. Accounts will automatically be removed from Levelized Billing if the monthly levelized amount is not paid in full or the account is disconnected for non-pay. Any account removed from Levelized Billing for any reason will not be eligible for re-instatement for 12 months and all usage will be due in full at the time the account is removed from Levelized Billing.**

-----  
Member Name: \_\_\_\_\_

Member Account Number: \_\_\_\_\_

Service Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address (optional): \_\_\_\_\_

By signing below I acknowledge that TEC has explained the processes associated with Levelized Billing and I agree to pay the monthly levelized amounts in full.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
TEC Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date