

BUDGET BILLING PROGRAM AGREEMENT



Account Number: _____
Date Approved: _____
Monthly Budget Amount: \$ _____

Budget Billing:

The Budget Billing Program is available to all residential utility customers on automatic bank pay. You can join the program anytime. You will be placed on the program after it has been determined by the City of Kearney that you qualify for the program.

To qualify for the Budget Billing Program, you must:

- 1) Be or signed up for automatic bank payment.
- 2) Have your account paid in full.
- 3) Have been on City services for at least 12 months.
- 4) Be a residential (single-family) customer.

The monthly budget amount is based on the average actual monthly billing for the previous 12 months. In January of each year, the City will compare actual billings on your account to the current budget payment amount. If a budget payment adjustment is necessary, the new budget amount will appear on your next billing statement.

Actual usage in excess of your monthly budget amount will be carried over to the next budget year. Any over payment can be carried over to the next budget year or refunded to you. Refunds will only be available upon request.

To be removed from the budget program, you must notify the City in writing or by calling 308-233-3694 or 308-233-3240. Once removed from the budget plan, you can reapply anytime during the next calendar year.

Budget amounts will come out of your bank account on the last working day of each month. The automatic bank pay form is on the following page. Please attach a voided check with this notice.

If you wish to become a budget-billing customer, please sign and return this form before your next billing to:

City of Kearney

18 East 22nd St.

Kearney, NE 68848-1180

Customer Signature: _____

Date: _____

UTILITIES BANK COLLECTION AUTHORIZATION



NAME	ADDRESS		
DATE	TELEPHONE NUMBER		
NAME OF BANK OR FINANCIAL INSTITUTION			
FINANCIAL INSTITUTION ADDRESS	CITY	STATE	ZIPCODE
CHECKING ACCOUNT NUMBER OR SAVINGS ACCOUNT NUMBER		BANK ROUTING NUMBER	
<p>(ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP)</p>			

I hereby authorize, until such time as I may cancel this arrangement, the City of Kearney to deposit, on a monthly basis, with the above-mentioned financial institution a claim for services rendered by the City of Kearney Utilities Department.

Signature

Utilities Account Number