



Village of Divernon

50 E. BROWN STREET
DIVERNON, IL 62530
OFFICE: 628-3416 FAX:
628-3076

I, _____, request participation in the budget billing option for my residence located at _____ Phone #: _____

I agree to the terms of participation in the Village of Divernon's Budget Billing Program.

- My budget billing amount will be determined by averaging the bills from my previous 12 months, plus 10% and rounding to the nearest 5. My account must have a zero (\$0.00) balance before my first budget billing statement is generated.
- I understand that this program will begin on the 1st day of the month following the signing of this agreement and is said to be settled in full on the 1st day of May of the following year. I understand that if my payment is not received by the due date, I will be subject to late fees and shut-off.
- I understand it may be necessary for my monthly payment to increase or decrease during the year depending upon increases in rates and I do agree to abide by the decision of the Village of Divernon when given a 30-day notice.
- I agree to make the monthly payment agreed upon and that if two payments are missed without prior agreement, this agreement becomes void.
- I can cancel this agreement and return to regular payment status when the Village of Divernon is given a 30-day notice.

The budget billing option will be terminated when:

- I elect to terminate this option by informing the Village Office. I understand that I cannot reapply for the budget billing option for a minimum period of one year.
- I move from this location
- Payment is delinquent two times within a 12-month period

Should this option be terminated for any reason, the next bill produced will reflect the current charges, plus or minus the over or under payment to date, and must be paid in full by the due date to avoid late charges.

Customer Signature

Account #

Date

May 1, 20____ to April 30, 20____

Supt. of Public Works Signature

Date

\$_____
Budget Billing Amount