

# **STANTON COUNTY PUBLIC POWER DISTRICT BUDGET BILLING AGREEMENT**

By signing this agreement, you acknowledge that you have read and understand the terms of the District's Budget Billing Procedures and you agree to abide by said procedures as they exist and as they may be amended from time to time.

Customer Signature:

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Customer Printed Name:

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Today's Date: \_\_\_\_\_

Account number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Name(s) on the account to be included in the budget billing program:

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Stanton County Public Power District Approval:

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Date: \_\_\_\_\_