

VILLAGE OF HILTON  
MUNICIPAL ELECTRIC

ELECTRIC BUDGET BILLING PLAN

For Service at \_\_\_\_\_  
RG& Electric Account Number \_\_\_\_\_  
Village of Hilton account number \_\_\_\_\_

Customer Name: \_\_\_\_\_

Under this Plan, the Village of Hilton agrees to provide electric service in return for your agreement to make payments according to the terms of this Plan.

If the service address for which you will be billed under this Plan is a new property which has never been served or 12 months of prior consumption history is not available, your average monthly consumption will be based on a similar property in the area in which the service address is located.

The Plan shall be subject to regular review for conformity with actual billings. The Village of Hilton reserves the right to recalculate such monthly payment to reflect either (a) an increase in consumption beyond the average monthly consumption, and/or (b) an increase in commodity prices.

Each month, you will be billed the equal monthly payment and you will be required to pay such amount stated on the bill. Your bill will also inform you what your consumption for the period was as well as the actual charge you would have incurred if you were not on the Plan. If you fail to pay the bill when due, you may be subject to termination of commodity service and suspension of distribution service pursuant to the Home Energy Fair Practices Act.

In the last month of the Plan, the Village of Hilton shall true-up your account based on a comparison of the aggregate billings under this billing Plan and the amount you would have been charged for the budget period if you were not on the Plan. If you owe the Village of Hilton a sum of money due to the true-up, you will be billed for such amount in addition to your monthly payment in the last billing cycle covered by this Plan. If you have been over billed, you will be issued a credit which will be adjusted against the Plan that commences upon expiration of this Plan.

**Yes! I would like Budget Billing**

[Upon receipt, we will figure your monthly budget amount and contact you to confirm acceptance of the proposed amount prior to the first billing.](#)

**Acceptance of Agreement**

Customer Signature: \_\_\_\_\_

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

**Return one signed copy of this Plan to the Village of Hilton. Retain the second copy for your files.**

**Village of Hilton  
59 Henry St.  
Hilton, NY 14468  
(585) 392-4144- office  
(585) 392-5620 - fax**