

**Cooperative Light & Power
Electric Service Payment Schedule**

Updated: May 16, 2018

CLP is an equal opportunity provider and employer.

Office Use Only
Account No. _____
Location No. _____

I/We, _____, agree that I am/we are member(s) of Cooperative Light & Power (CLP), with the property described below; and, further agree that I/we are delinquent in payment to CLP for electric services I/we have previously consumed.

I/We agree to the following schedule to bring my/our account into current status, understanding that each month, the current amount due must be paid; and, a minimum of 25% towards the past due must be paid.

\$ _____	to be paid on or before	____/____/20____
\$ _____	to be paid on or before	____/____/20____
\$ _____	to be paid on or before	____/____/20____
\$ _____	to be paid on or before	____/____/20____
\$ _____	to be paid on or before	____/____/20____

Name: _____

Date: _____

Account Number: _____

Email: _____

Service Address: _____

City/State/Zip _____

Home Phone: _____

Mobile Phone: _____

I/We understand that if the terms set forth above are not adhered to, CLP retains the right to disconnect power without further notice. CLP also retains the right to disconnect power without further notice for failure to return this signed form to the CLP offices, at the address listed below, within 10 days of the mailing date listed above. Once your request for an Electric Service Payment Schedule has been approved, a copy of this form will be mailed to you, at the address listed above.

CLP Member Requesting Approval

CLP Representative Granting Approval

Name

Name

Signature

Signature

Date

Date