



South Eastern Indiana Gas

312 W Carr St • PO Box 441 • Milan, IN 47031 • seingas.net • April 2021
P: (812)654-2444 • F: (812)654-3834 • Emergency (800)379-1800 or (833)654-2444

BUDGET BILLING PROGRAM: An equalized payment program offered to our customers based upon average monthly usage over the prior twelve months service for the account, normalized weather conditions, and projected gas costs.

Eligible Customers: An eligible customer is defined to include accounts paid in full who have returned a signed application to the office and have been an active customer for a minimum of twelve (12) months at the property by the June 2021 due date.

Terms: The eligible customer agrees to pay the established monthly payment for the Budget Billing Program on or before the due date per the monthly natural gas bill. A failure to pay the required monthly payment by the due date shall result in a late payment charge. Late payment charges are calculated on the monthly budget amount, not the balance of the account. Multiple late payments may result in removal from the Budget Billing Program, and the account may be subject to disconnection of service. Any debit or credit balance at the end of the June billing cycle will be equally distributed over the succeeding twelve (12) months of the required monthly payment amount. A review of the Budget Billing Program will occur in June and December of each year; the customer will be notified on the next month's bill of any revised payment amount.

Any amount paid more than the stated budget amount will be applied to the actual account balance and at no time will the excess payment be considered payment in full or part of future budget payments. If making payment in advance of the month in which due, the customer must notify the Gas Co., in writing of the intention at the time of the payment. Budget customers receiving Energy Assistance must make all payments reflected on monthly billing statements.

How is the Budget Billing Program Calculated? Any calculation of a new monthly budget amount or a revision to a budget amount will be based upon average consumption for a prior twelve (12) month period; projected gas costs for the succeeding twelve (12) month period; and normalized weather conditions.

Agreement: I understand the terms of the Budget Billing Program and calculation of the established monthly payment amount and do hereby agree to pay the established monthly payment on or before the due date per my monthly natural gas bill. I understand that this Agreement shall remain in effect until I advise the Gas Co. to terminate my participation in the Program; any debit balance on my account shall be due immediately and be subject to disconnection, and any credit balance on my account will be applied to my next monthly statement or refunded according to standard company policy.

SOUTH EASTERN INDIANA GAS – BUDGET BILLING APPLICATION

If you are currently enrolled in the Budget Billing Program and wish to remain enrolled; you do not need to return this agreement, you will remain enrolled. However, review the Budget Terms and Program details.

Please check one:

- REMOVE** me from the Budget Billing Program
- ENROLL** me in the Budget Billing Program

Please check if you agree:

- I agree that I have read and understand all the Budget Billing Program Terms and Program Details.

Account Holder(s)

Account Number

E-Mail Address

Daytime Phone

Alternate Phone

Authorized Signature

Date