

## MIDWEST NATURAL GAS BUDGET PAYMENT PLAN

Please put me on your Budget Payment Plan to make equal monthly payments.

I understand the monthly payment may be adjusted if necessary.

I understand my account needs to be at a zero balance to begin this plan, and my first payment begins with the August billing.

I understand I will be removed from the plan if I do not make the regular monthly budget payment.

I understand that the plan begins with the August billing and ends with the July billing. The July statement will show my balance due or credit remaining.

Account Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**\*\*Form must be returned by due date of this billing statement to activate the Budget Program.**