



Initials _____
Date _____
Office Use Only

City of Eagle Point

17 N Buchanan Ave P.O. Box 779 Eagle Point, OR 97524
(541)826-4212 Fax (541)826-6155

Average Monthly Billing Agreement

I (we) hereby authorize the City of Eagle Point, hereinafter called COMPANY, to calculate my monthly billing statements as an average based on my past usage history for payment on a monthly basis.

I (we) acknowledge that in receiving my monthly utility bills, it will be my responsibility to respond with payments due by the mandatory due date.

Averaging Qualifications: Own the residence
Lived in the residence a minimum of 1 year
Good payment history

Once you have qualified you will receive notification of your new monthly payment by letter. At the end of the 12 month period your account will be recalculated, there may be a balance owing and will be due at that time.

Name(s): _____
Account #: _____
Phone #: _____
Service Address _____
Signature: _____ Date: _____
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act upon it.