



333 Lincoln Highway
P.O. Box 456
Rochelle, Illinois 61068
Tele: (815) 562-4155
Fax: (815) 562-5861

APPLICATION FOR ENROLLMENT IN EQUALIZED PAYMENT PLAN

In order to enroll in the RMU Equalized Payment Plan, you must meet the following criteria:

- Residential customer with 12 months electric usage at current residence
- Account must be current at time of enrollment
- Not removed from an RMU Equalized Payment Plan in the previous 12 months

PLEASE COMPLETE ALL INFORMATION

Applicant Information:

Applicant Name

RMU Account Number

Address of Service

City

Mailing Address

City, State, Zip Code

Primary Telephone Number

Other Telephone Number

I understand that the RMU Equalized Payment Plan (“the plan”) does not reduce the amount that I will pay for utilities. The RMU Equalized Payment Plan allows a fixed amount to be billed for monthly utilities to assist customers with managing their budgets.

I agree to the following terms and conditions:

- Except for the equalizing of my payments for service, all other provisions, terms and conditions of the applicable rate schedule shall continue to be applied.
- I am the account holder and have had electric service at the current service address for the previous 12 months.
- My account must be current at the time of enrollment.
- I will not be eligible to enroll for 12 months following the date of removal from the plan.
- All current services will be included in the Equalized Payment Plan.
- I will be removed from the plan if I am no longer the account holder for the above listed service address or I add additional services to my account.
- The Equalized Payment Plan dates are from May 1 of the current year through April 30th of the next year.

- Equalized Payment Plan accounts will be reviewed and adjusted in October and April of every year.
- I will be removed from the plan if I fail to pay the equalized payment by the due date listed on the monthly statement.
- If I am removed from the plan, penalties will apply to any balance due.
- I will remain on the plan until written cancellation is provided 30 days prior to the requested cancellation date.
- The account will be balanced if I cancel, am removed from the plan or with each April billing.
- I will automatically be re-enrolled in the plan every May unless I cancel or am removed from the plan.
- Enrollment in the plan may affect my eligibility for some heating and/or cooling assistance.
- RMU reserves the right to cancel the Equalized Payment Plan at any time.

To be completed by the RMU Representative:

EQUALIZED PAYMENT PLAN MONTHLY AMOUNT: \$_____
--

IMPORTANT-APPLICANT READ BEFORE SIGNING AGREEMENT

The applicant represents that they have accurately completed this application. The applicant authorizes Rochelle Municipal Utilities (RMU) to verify the information contained herein and to make such additional normal inquires, as reasonably may be related to or associated with this application. The applicant requests enrollment in the RMU Equalized Payment Plan. The applicant agrees to the terms, conditions and all regulations of RMU governing the supply of utility services to customers.

Date

Applicant's Signature

For Office Use Only:

- ID verification
- RMU credit history verified
- Equal Payment Plan amount listed on application
- Application must be signed and dated by applicant (account holder)

Approved Denied

CSR Initials _____

Rev. 04/2022