



"Neighbors Working for Neighbors"

A Touchstone Energy® Cooperative 

## DELAYED BILLING PLAN APPLICATION

\_\_\_\_\_  
**FIRST NAME                  MIDDLE                  LAST                  SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**ADDRESS                                  CITY                  STATE                  ZIP CODE**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**DATE OF BIRTH**  
**MM/DD/YY**

\_\_\_\_\_  
**TYPE OF INCOME: (RETIREMENT, OR SSI)**

\_\_\_\_\_  
**GEC ACCOUNT NUMBER**

**In order for a member to qualify the following criteria must be met:**

1. The member must complete an application for the delayed billing program, and show proof that social security is his/her primary income. The applicant must be the person or persons listed on the account.
2. The member must be 62 years of age or older or drawing disability compensation as the primary income. To show proof of disability the member must present a letter from a certified medical physician written within the last thirty days or a copy of his/her most recent disability check.
3. The account must be residential or for "residential use" (can include vacation home, etc.). Accounts which are rental property owned (but not occupied) by the member or which are involved in a commercial business or a farming operation do not qualify.
4. Only those accounts with billing cycles 1-12 qualify for the delayed billing program.

*The delayed program will be terminated if the account is past due twice (2) within a twelve month period, or if the account no longer meets the above qualifications. By signing this agreement, the member is attesting that all the above information is true and accurate, and the member agrees to abide by the rules and regulations of the delayed billing program.*

\_\_\_\_\_  
**MEMBER SIGNATURE**

\_\_\_\_\_  
**DATE**