



## ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION

Post Office Box 69, Hertford, North Carolina 27944-0069  
Telephone (252) 426-5735 Toll Free 1-800-215-9915 Fax (252) 426-8270

### **Levelized Billing**

Levelized bill amounts are calculated based upon the average of the previous 12 months of billed usage. Therefore the amount of each levelized bill can vary, due to the amount of usage each month. In order to qualify for this program and remain a part of it, the following criteria must be met:

- 12 months of billed usage history
- A zero balance on account
- Required to pay the levelized amount in full on or before the due date of the bill.
- Failure to pay by the due date will result in removal from the program.

If a member is removed from the levelized program they must bring their account to a zero balance and sign another levelized billing application in order to be put back on the program.

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### **Levelized Billing Application**

The undersigned hereby applies for levelized billing as offered by Albemarle EMC. I understand that I must pay the exact levelized amount each month on or before the current due date. It is also understood that failure to remit the levelized billing payment by the due date can or will result in collection and/or disconnection of electric service and removal from the program. If removed from the program the above mentioned requirements will need to be satisfied before reinstatement.

Date \_\_\_\_\_

Signature of Member \_\_\_\_\_

Printed Name of Member \_\_\_\_\_

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