



## HUNTSVILLE UTILITIES DELAYED NET PROGRAM

This program provides a fixed due date of the 5<sup>th</sup> of each month for customers without incurring a late payment fee. **The utility account must be in the same name as the person receiving benefits and meet one of the following qualifications. In addition, the meter reading date of the address must fall between the 1<sup>st</sup> and the 19<sup>th</sup> of the month:**

- **Receiving Social Security benefits**
- **Receiving Disability Benefits**
- **62 years of age**
- **Receiving retirement benefits at 55 years of age or older**

To enroll, please complete the application and return it along with a copy of your Driver License or Non-driver Identification Card for verification of age. When applicable include verification of benefits / income and date of the month received. The account must be current in order to begin participation in this program. If there is no outstanding balance, enrollment will begin with the next scheduled meter reading date. If you have any questions regarding this agreement, please call our Customer Information Center at (256) 535-1200 or (866) 478-8845.

**APPLICANT:** \_\_\_\_\_

**HUNTSVILLE UTILITIES ACCOUNT #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**DRIVER'S LICENSE OR ID #:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**TYPE OF CHECK RECEIVED:** (check one)

- Social Security (date of birth verification required)  
 Disability (verification attached)  
 Retirement (verification attached)

I request enrollment in the Huntsville Utilities Delayed Net Program. This plan will delay payment of my monthly utility bill until the 5<sup>th</sup> of each month. I understand that if my account is not paid by the 5<sup>th</sup> of each month, it will result in removal from this program and the collections policies and procedures established by Huntsville Utilities will be applied.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACCEPTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Huntsville Utilities Employee

**WITNESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(For mailed forms only)

**RETURN TO: HUNTSVILLE UTILITIES, PO Box 2048, HUNTSVILLE, AL 35804**

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