



357 N. Washington St.; P. O. Box 490
La Grange, TX 78945
(979) 968-3181 or 1-800-874-8290

APPLICATION FOR AVERAGE PAYMENT PLAN

Part I. (To be filled in by Member)
(PLEASE PRINT LEGIBLY)

Name: _____ Account #: _____

Service Address: _____

I hereby request that I be billed under Fayette Electric Cooperative's Average Payment Plan, and do hereby agree to comply with the terms of the agreement and the Cooperative's rules and regulations.

Phone No. _____ Member Signature _____

Part II. (To be filled in by Fayette Electric Cooperative)

Initial Date of Member Service: _____

Number of delinquent payments during past 12 months: _____

Does the Member lack sufficient credit? Yes No

Current Outstanding Bill(s):

Bill Date(s): _____

Outstanding Amount: \$ _____

Disposition of Application:

[] Approved –Average Payment Plan authorized upon agreement execution.

[] Denied – reasons: _____

Authorized Representative