
GENERAL INFORMATION

23. RESIDENTIAL CUSTOMER PAYMENT AGREEMENT

STANDARD OFFER

CUSTOMER
MAILING
ADDRESS

ACCOUNT NO. XXXXX-XXXXX
SERVICE
ADDRESS

As of this date, the \$XXX.00 owed for service and past due has not been paid. You have already received a final termination notice for this amount. To avoid a termination of service, we are offering you a deferred payment agreement which would permit you to pay off the amount over time.

This agreement describes payment terms, which, if accepted by you, will avoid a termination of service. Better terms, suited to your financial condition, may be available if you call us at _____. You must sign and return one copy of this agreement with the required down payment by MM/DD/YY to avoid termination. This date extends the due date, appearing on your termination notice. Bills rendered between today's date and _____ are due upon receipt.

Payments are to be made in installments as follows:

\$XX.00, the down payment, must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY

If you are not currently on budget billing, a program designed to help you pay your utility bills by establishing equal monthly installment payments and wish to join this plan now, please check the box below. Call us if you want more information about the plan.

_____ Yes, I want to be on budget billing.

IF YOU SIGN THIS AGREEMENT, YOU ARE AGREEING TO PAY EACH INSTALLMENT AS INDICATED ABOVE INCLUDING EACH MONTHLY BILL BY THE DATES INDICATED.

GENERAL INFORMATION

23. RESIDENTIAL CUSTOMER PAYMENT AGREEMENT (Continued)

DO NOT SIGN THIS AGREEMENT IF YOU CANNOT MEET ITS TERMS. CALL US TO DISCUSS YOUR NEEDS. IF YOU DO SIGN AND FAIL TO COMPLY WITH THE TERMS, WE WILL TAKE STEPS TO TERMINATE YOUR SERVICE.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON YOUR RIGHTS AND OTHER SERVICES WHICH MAY BE AVAILABLE TO YOU.

Customer Signature _____ Date _____

Company Signature _____ Date _____

ASSISTANCE

IF YOU ARE UNABLE TO PAY THE TERMS OF THIS AGREEMENT, OR NEED HELP UNDERSTANDING OR MAKING THIS AGREEMENT, CALL US. IF FURTHER HELP IS NEEDED, YOU MAY CALL THE NEW YORK STATE PUBLIC SERVICE COMMISSION AT 800-342-3377, 8:30 A.M. TILL 4:30 P.M., MONDAY THRU FRIDAY.

RESIDENTIAL CUSTOMERS

PAYMENT AGREEMENT RULES

- THIS AGREEMENT MUST BE FAIR AND MUST BE BASED ON YOUR ABILITY TO PAY
- IF YOU ARE UNABLE TO PAY ON THESE TERMS, YOU SHOULD NOT SIGN THIS AGREEMENT. INSTEAD CALL US OR COME TO OUR OFFICE.
- IF YOU CAN SHOW FINANCIAL NEED, ALTERNATE TERMS WILL BE ARRANGED. DEPENDING ON YOUR CIRCUMSTANCES, A DOWN PAYMENT MAY NOT BE REQUIRED AND INSTALLMENTS MAY BE AS LOW AS \$10.00 PER MONTH.
- THIS AGREEMENT CAN BE CHANGED IF YOUR ABILITY TO PAY CHANGES FOR REASONS YOU CANNOT CONTROL. IF A CHANGE IS NEEDED, PLEASE CALL US OR COME TO OUR OFFICE.
- IF YOU ARE A RECIPIENT OF PUBLIC ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME, YOU MAY BE ELIGIBLE FOR HELP IN PAYING YOUR UTILITY BILLS. IF SO, YOU MAY WISH TO CALL OR VISIT YOUR LOCAL SOCIAL SERVICE OFFICE.

GENERAL INFORMATION

23. RESIDENTIAL CUSTOMER PAYMENT AGREEMENT (Continued)

WHAT HAPPENS IF PAYMENTS ARE NOT MADE

IF WE DO NOT RECEIVE THESE PAYMENTS ON TIME, WE CAN REQUIRE YOU TO SEND THE TOTAL AMOUNT OWED ON YOUR ACCOUNT. THE COMPANY WILL SEND YOU A NOTICE ALLOWING YOU 15 DAYS TO PAY BEFORE SERVICE IS TURNED OFF.

GENERAL INFORMATION

23. RESIDENTIAL CUSTOMER PAYMENT AGREEMENT (Continued)

NEGOTIATED AGREEMENT

CUSTOMER
MAILING
ADDRESS

ACCOUNT NO. XXXXX-XXXXX
SERVICE
ADDRESS

This is an Agreement between Orange and Rockland Utilities, Inc. and (Customer's Name). As a result of our conversation with you, you have tentatively agreed to pay the \$XXX.00 owed for service as of MM/DD/YY on the above identified account and service address under the payment terms described below. To acknowledge your acceptance of this Payment Agreement, please sign one copy of this form and return it to us together with any required down payment by MM/DD/YY. Bills rendered between today's date and _____ are due upon receipt. If you cannot agree to these payment terms, please contact us at _____ immediately.

Payments are to be made in installments as follows:

\$XX.00, the down payment, must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY.
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY.
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY.
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY.
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY.
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY.
\$XX.00, plus the MM/DD/YY bill must be received by MM/DD/YY.

If you are not currently on budget billing, a program designed to help you pay your utility bills by establishing equal monthly installment payments and wish to join this plan now, please check the box below. Call us if you want more information about the plan.

_____ Yes, I want to be on budget billing.

IF YOU SIGN THIS AGREEMENT, YOU ARE AGREEING TO PAY EACH INSTALLMENT AS INDICATED ABOVE INCLUDING EACH MONTHLY BILL BY THE DATES INDICATED.

GENERAL INFORMATION

23. RESIDENTIAL CUSTOMER PAYMENT AGREEMENT (Continued)

DO NOT SIGN THIS AGREEMENT IF YOU CANNOT MEET ITS TERMS. CALL US TO DISCUSS YOUR NEEDS. IF YOU DO SIGN AND FAIL TO COMPLY WITH THE TERMS, WE WILL TAKE STEPS TO TERMINATE YOUR SERVICE.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON YOUR RIGHTS AND OTHER SERVICES WHICH MAY BE AVAILABLE TO YOU.

Customer Signature _____ Date _____

Company Signature _____ Date _____

ASSISTANCE

IF YOU ARE UNABLE TO PAY THE TERMS OF THIS AGREEMENT, OR NEED HELP UNDERSTANDING OR MAKING THIS AGREEMENT, CALL US. IF FURTHER HELP IS NEEDED, YOU MAY CALL THE NEW YORK STATE PUBLIC SERVICE COMMISSION AT 800-342-3377, 8:30 A.M. TILL 4:30 P.M., MONDAY THRU FRIDAY.

RESIDENTIAL CUSTOMERS

PAYMENT AGREEMENT RULES

- THIS AGREEMENT MUST BE FAIR AND MUST BE BASED ON YOUR ABILITY TO PAY
- IF YOU ARE UNABLE TO PAY ON THESE TERMS, YOU SHOULD NOT SIGN THIS AGREEMENT. INSTEAD CALL US OR COME TO OUR OFFICE.
- IF YOU CAN SHOW FINANCIAL NEED, ALTERNATE TERMS WILL BE ARRANGED. DEPENDING ON YOUR CIRCUMSTANCES, A DOWN PAYMENT MAY NOT BE REQUIRED AND INSTALLMENTS MAY BE AS LOW AS \$10.00 PER MONTH.
- THIS AGREEMENT CAN BE CHANGED IF YOUR ABILITY TO PAY CHANGES FOR REASONS YOU CANNOT CONTROL. IF A CHANGE IS NEEDED, PLEASE CALL US OR COME TO OUR OFFICE.
- IF YOU ARE A RECIPIENT OF PUBLIC ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME, YOU MAY BE ELIGIBLE FOR HELP IN PAYING YOUR UTILITY BILLS. IF SO, YOU MAY WISH TO CALL OR VISIT YOUR LOCAL SOCIAL SERVICE OFFICE.

GENERAL INFORMATION

23. RESIDENTIAL CUSTOMER PAYMENT AGREEMENT (Continued)

WHAT HAPPENS IF PAYMENTS ARE NOT MADE

IF WE DO NOT RECEIVE THESE PAYMENTS ON TIME, WE CAN REQUIRE YOU TO SEND THE TOTAL AMOUNT OWED ON YOUR ACCOUNT. THE COMPANY WILL SEND YOU A NOTICE ALLOWING YOU 15 DAYS TO PAY BEFORE SERVICE IS TURNED OFF.