

Village of Arcade
 17 Church Street • Arcade • NY • 14009
 (585) 492-1111 • phone

AVERAGE MONTHLY PAYMENT PLAN ENROLLMENT FORM

The Village of Arcade (VOA) is pleased to offer the Average Monthly Payment (AMP) plan which allows customers to average their utility costs over a period of twelve (12) months. This plan makes paying bills easier by removing seasonal fluctuations. Customers make a fixed payment each month so they know what to expect and how to plan their budget. The open enrollment period is April through August. AMP bills will be re-averaged at least annually in April of each year. **YOUR ACCOUNT MUST BE PAID IN FULL AT TIME OF ENROLLMENT.**

1. If you move from the Village of Arcade Utility district any credits to the account will be paid by check and shortages will be due within 30 days of termination.
2. If you decide to cancel your participation in the program, or you are removed from the AMP program due to an unsatisfactory payment history (**Two (2) late payments within the AMP year**), the total account balance on your account will be due prior to the next billing and any credits will remain on the account until they are exhausted.
3. If this agreement is canceled by the VOA or if you withdraw from the plan, you will not be eligible to enter into another contract for average billing until the next open enrollment period.
4. During AMP enrollment you **MUST PAY only the AMP amount due**, no additional payments will be accepted on these accounts.

INSTRUCTIONS: Please print in ink or type. Complete this form in full, sign your name, and date. Return this form to the VOA at the address listed above.

UTILITY CUSTOMER INFORMATION	ACCOUNT NUMBER:	
	NAME:	
	SERVICE ADDRESS:	
	DAYTIME TELEPHONE NUMBER:	()

By completing and signing this form, I understand the above policy and requirements of the AMP plan and authorize the VOA to place my account in the AMP plan, within 30 days of receipt of this enrollment form. I further understand that I may withdraw from the AMP plan by providing written notice to the VOA before the first business day of the month I want the cancellation to become effective.

Signature

Date

**WATCH YOUR MONTHLY STATEMENT FOR AMP AMOUNT INDICATION OR
 INQUIRE AT THE VILLAGE OFFICE**