..DID: 10769 ..TXT: PSC NO: 15 ELECTRICITY LEAF: 87 COMPANY: CENTRAL HUDSON GAS & ELECTRIC CORPORATION REVISION: 0 INITIAL EFFECTIVE DATE: 02/01/00 SUPERSEDING REVISION: STAMPS: RECEIVED: 12/01/99 STATUS: Effective EFFECTIVE: 02/01/00

20. DEFERRED PAYMENT AGREEMENT

A. <u>Residential</u> (Cont'd)

WHAT HAPPENS IF PAYMENTS ARE NOT MADE If we do not receive these payments and your regular bill payments on time, we will require you to pay the total amount owed on your account. The Company will send you a notice allowing you 15 days before service is turned off. If you are unable to pay the terms of this agreement, call us at (office phone no.).

BUDGET BILLING You have a right to enrollment on our budget billing plan. Our budget billing plan is explained in full on the enclosed pamphlet. Please call us at (Office Phone No.) if you have any questions. () YES, I WOULD LIKE BUDGET BILLING

ACCEPTANCE OF AGREEMENT I have read the back of this form. I understand and accept this agreement.

CUSTOMER SIGNATURE	DATE
COMPANY REPRESENTATIVE	DATE

One copy of this agreement, signed by the customer, with the downpayment, must be received by Central Hudson by _____ in order to avoid having your service turned off.

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 downpayment may not be required and installments may be as low as \$10.00 per month. You will be required to pay all bills rendered after this agreement when they are received. 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 one of our offices. Proof of your financial status would be required.

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.

If further help is needed, you may call the New York State Public Service Commission at 1-800-342-3377, 8:30 am to 4:30 pm Monday thru Friday.