

..DID: 2019
..TXT: PSC NO: 8 GAS LEAF: 114
COMPANY: NATIONAL FUEL GAS DISTRIBUTION CORPORATION REVISION: 0
INITIAL EFFECTIVE DATE: 04/01/98 SUPERSEDING REVISION:
STAMPS:
RECEIVED: 01/05/98 STATUS: Effective EFFECTIVE: 04/01/98

GENERAL INFORMATION (Cont*d)

II. 25. RESIDENTIAL CUSTOMER PAYMENT AGREEMENT

National Fuel

RESIDENTIAL CUSTOMER PAYMENT AGREEMENT

Customer's Name _____ Date _____
Service Address _____ Phone _____
Account No _____

Total amount you owe National Fuel for this account as of _____ is \$ _____.

ABOUT THIS AGREEMENT

This is an agreement by _____ to make payments to National Fuel for amounts owed. It is also an agreement by National Fuel that it will provide service to the address listed above as long as you make payments on time.

LATE PAYMENT CHARGES AND AMOUNT OF THIS AGREEMENT

The total amount owed as of _____ is \$ _____ less a downpayment of \$ _____. This leaves a balance of \$ _____ which is subject to late payment charges at a monthly rate of 1.5% which is the equivalent of an annual rate of 18.0%. Late payment charges will be calculated on the amount of the balance after the late payment date shown on each monthly bill. The total late payment charges for the duration of this agreement are calculated on a balance of \$ _____ to be \$ _____ and is based upon timely payments. The actual late payment charge you pay will be either lower or higher than the amount indicated if you make payments either early or late.

HOW PAYMENT IS TO BE MADE

You are to pay the amount owed in the following way:

A downpayment of \$ _____ is to be received by _____. This leaves a balance of \$ _____ which plus the late payment charges of \$ _____ (see above) results in a total amount of \$ _____. To pay this amount _____ installments of \$ _____ are due on receipt of each monthly gas service bill.(or by _____ each _____ from _____ to _____. A final installment of \$ _____ is to be paid with the _____ bill. Any bill we sent you after _____ is due when you receive it.

ASSISTANCE

If you are unable to pay the terms of this agreement or need help understanding or making this agreement, call us at _____.

If further help is needed, you may call the New York State Public Service Commission at (716) 847-3400, or the toll free number (800) 342-3377, 8:30 A.M. TO 4:30 P.M. Monday through Friday.

BUDGET PLAN OPTION

If you are qualified and are not already enrolled in our Budget Plan which allows you to pay for your future gas service in equal monthly installments, and wish to enroll, check this box and we will start you on a plan immediately. A brochure describing the plan in more detail has been provided to you. Call us at the telephone number listed under Assistance if you have any questions about the Budget Plan.

YES! I WOULD LIKE THE BUDGET PLAN

IMPORTANT - PLEASE READ REVERSE SIDE BEFORE SIGNING

ACCEPTANCE AGREEMENT

I have read, understand and accept this agreement.

Customer's Signature _____ Date _____

Name _____

(Typed or Printed)

Company's Signature _____ Date _____

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

Issued by P.C. Ackerman, President, 10 Lafayette Square, Buffalo NY 14203
(Name of Officer, Title, Address)