



**Clay Electric Cooperative, Inc.**

Post Office Box 308  
Keystone Heights, FL 32656

## Group Bill Application

### Member Information

**Person Number:** \_\_\_\_\_ This person will be used as the primary person.

**Name of Primary Person:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Phone Number:** (    ) \_\_\_\_\_

### Accounts not eligible for Group Billing:

- Customers with a bad payment history.
- Customers participating in the Average Billing Program and/or Senior Plan.
- Residential customers unless granted an exception.

### Accounts to be included with this Group Bill.

Account Number	Group Number	Account Number	Group Number	Account Number	Group Number

If more room is needed, attach sheet/sheets to this application with customer numbers and group numbers.

### Applicant agrees to the following:

- Will supply primary person number or group bill stub with payments.
- To use online payment option will require a payment transaction for each individual account contained in the group bill.
- EFT payments are excepted (note there will be a bank transaction for each individual account).
- Keep accounts current with their payments to Clay Electric.
- Accounts with a past due balance are eligible for late charges following Clay Electric's collection policies and subject to being removed from Clay's group billing program.
- Any over payments and transfers will be posted to accounts at Clay Electric's discretion.
- Under payments will be posted to accounts at Clay Electric's discretion.
- After approval of application, Clay Electric will have 60 days to implement. Group Billing should start at the beginning of a calendar month.
- Applicant will be responsible for notifying Clay Electric of any account additions after this application and Clay Electric will have 60 days to approve and implement.
- Will provide Clay Electric with a written request if they wish to be removed from Group Billing. Clay Electric will have 60 days from the date Clay Electric receives the written request to transfer accounts back to individual billing.
- Residential accounts require District Manager's approval to participate in Group Billing.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone #:** (    ) \_\_\_\_\_

Member Representative's initials: \_\_\_\_\_

District Manager's approval: \_\_\_\_\_