

## APPLICATION FOR AVERAGE MONTHLY PAYMENT (AMP)

### ELIGIBILITY:

1. MUST HAVE AT LEAST 6 MONTHS HISTORY WITH MUNICIPAL LIGHT & POWER. SIGN-UP PERIOD IS FIRST TWO WEEKS OF DECEMBER.
2. CANNOT HAVE BEEN LATE WITH ANY PAYMENT DURING THE PAST 6 MONTHS.
3. IN ORDER TO STAY WITH THE AMP PROGRAM, YOU MUST PAY YOUR BILLS ON OR BEFORE THE 15<sup>TH</sup> OF EACH MONTH. ONCE YOU ARE CHARGED A LATE FEE OR PENALTY, YOU WILL BE REMOVED FROM THE AMP PROGRAM AND ANY OUTSTANDING BALANCE ACCUMULATED WILL BE APPLIED TO THE FOLLOWING MONTH.
4. IN ORDER TO GET THE AMP PROGRAM, THE FOLLOWING APPLICATION MUST BE COMPLETED AND SIGNED BY ACCOUNT HOLDER. APPLICATION MUST BE PROCESSED IN PERSON; NO MAIL-IN'S ALLOWED.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

MY AVERAGE MONTHLY PAYMENT FOR THE YEAR \_\_\_\_\_  
COULD BE \$ \_\_\_\_\_ (this will be calculated by ML&P)

*I UNDERSTAND THAT MY BILL WILL NOW BE BASED ON AN AVERAGE MONTHLY CHARGE.  
MY BILL WILL ALWAYS SHOW THE DIFFERENCE IN MY AVERAGE CHARGE AND MY ACTUAL BILLS.  
EACH YEAR, MY AVERAGE BILL WILL BE RE-CALCULATED, BASED ON MY PREVIOUS 12 MONTHS HISTORY.  
I ALSO UNDERSTAND THAT I WILL BE REMOVED FROM THE AMP PROGRAM IF I AM LATE WITH ANY BILL.*

**\_\_\_\_\_ IF YOU ARE CURRENTLY ENROLLED IN THE AMP PROGRAM AND  
WISH TO BE REMOVED, CHECK HERE, FILL IN NAME AND ADDRESS  
ABOVE AND SIGN AND DATE BELOW.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

Does customer have at least 6 months history?	Y ____	N ____
Has customer paid on time for prior 6 months?	Y ____	N ____
Was Rule #2 waived for initial sign-up?	Y ____	N ____
Was customer advised that bills have to be paid on time?	Y ____	N ____
Was customer advised that bills will show running balance?	Y ____	N ____
Was copy of this application given to customer?	Y ____	N ____