

Application For Variable Budget Billing

I am interested in the Variable Budget Billing Plan. Please calculate what my monthly payment would be if I enroll. I understand there is no obligation.

NAME (Please print name as shown on statement)

ADDRESS WHERE NOLIN RECC SERVICE IS PROVIDED

CITY OR TOWN

ZIP CODE

HOME PHONE

BUSINESS PHONE

NOLIN RECC ACCOUNT NUMBER

Nolin Rural Electric Cooperative
411 Ring Road
Elizabethtown, KY 42701-6767