



P.O. BOX 606
LYTLE, TEXAS

LYTLE (830) 772-3460
CASTROVILLE (830) 762-3757
SAN ANTONIO (830) 709-4000

BUDGET PAYMENT PLAN FOR PROPANE CUSTOMERS TERMS OF AGREEMENT

The Budget Payment Plan (BPP) is designed to make your monthly gas bill exactly the same each month for 12 months. The Budget Payment Plan will compute an average bill using the most recent 12 months, plus a percentage to cover changes in usage and fuel costs. The Plan will neither increase nor decrease any customer's total gas bill over the course of time from the amount the total bill would be without the Budget Payment Plan, The difference between the actual gas bill and the BPP average bill will be accumulated in the BPP balance.

At the end of one year, a new average monthly bill will be calculated utilizing the BPP balance. If at this time the customer owes Lytle Propane, we will include 1/12th of the BPP balance in the average monthly bill for the coming year. If Lytle Propane owes the customer, we will apply this amount to your next month's bill, thereby reducing the bill amount.

The Budget Payment Plan is available to all Lytle Propane customers, beginning **April 1st** of each year. Application for this service must be received in our office no later than **March 10th** to insure processing. The customer must agree to a one year full service agreement with Lytle Propane, commencing on April 1. Participation in the plan will be automatically renewed annually.

Customers who desire to discontinue participation in the plan and revert to regular billing must do so before March 10th of each year, to be effective on April 1st. Any accumulated credit or debit will be reflected in the next regular bill.

Lytle Propane will not charge or pay any interest on the accumulated BPP balance.

Customers with less than 12 months of consumption history or who are transferring from one address to another within the Lytle Propane service area will be subject to quarterly adjustments during the first 12 months to reflect billing deviations from Lytle Propane projections of customer usage.

-----DETACH and MAIL-----

Budget Payment Plan Application Form (PLEASE Print)

Customer Name _____
(Last) (First) (Middle Initial)

Name of Spouse or other Adult Resident _____
(Last) (First) (Middle Initial)

Service Address _____

Phone #'s: Home _____ His Work _____ Her Work _____

Social Security Numbers: His SSN# _____ Her SSN# _____

I wish to participate in the Budget Payment Plan and accept the terms stated above.

Signature _____ Spouse or Other Adult Resident

Signature _____ Date _____

If you have any questions, please call **(830) 709-4000**.