

# 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.

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NAME (Please print name as shown on statement)

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ADDRESS WHERE NOLIN RECC SERVICE IS PROVIDED

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CITY OR TOWN

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ZIP CODE

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HOME PHONE

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BUSINESS PHONE

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NOLIN RECC ACCOUNT NUMBER

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