



# South Eastern Indiana Natural Gas Co., Inc

312 W Carr St.  
PO Box 441  
Milan, IN 47031  
seingas.net

P: (812)654-2444 F: (812)654-3834  
EMERGENCY: (800)379-1800

**CORONAVIRUS (COVID-19) UPDATE:** Concerns over Coronavirus (COVID-19) continue throughout the communities served by the Gas Co. Our efforts to protect the health and welfare of our customers and staff continue throughout this difficult time. The lobby to the Gas Co. remains closed; unless by appointment. If you smell gas or have a concern, please contact the office immediately at our regular phone number or at (800)379-1800 after hours. Our service technicians are still responding to all concerns of a gas leak, please respect social distancing guidelines while the leak is being investigated.

**GPS Mapping:** South Eastern Indiana Natural Gas is mapping our system; you may notice an increase in the presence of our service technicians. The Service Technicians are locating every service, main, and other portions of the natural gas system.

## TERMS OF BUDGET BILLING PROGRAM

- The natural gas account must be paid-in-full and a signed application for the Budget Billing Program must be received in the office by the June 2020 due date.
- The account must be Active in the budget applicant's name for a minimum of twelve (12) months.
- Agree to pay the established monthly payment for the Budget Billing Program on or before the due date per the monthly natural gas bill.
- A failure to pay the required monthly payment by the due date shall result in a late-payment charge. Late-payment charges are calculated on the monthly budget amount, not the balance on the account.
- Multiple late payments may result in removal from the Budget Billing Program, and the account may be subject to disconnection of service.
- Any amount paid in excess of the stated budget amount will be applied to the actual account balance and at no time will the excess payment be considered payment in full or in part of future budget payments.
- If making payment(s) in advance of the month in which due, the customer must notify the Gas Co., in writing of the intention at the time of the payment(s).
- Any debit or credit balance at the end of the June billing cycle will be equally distributed over the succeeding twelve (12) months of the required monthly payment amount.
- The July bill will reflect the monthly budget amount for the 2020-21 Budget Billing Program year.
- A review of the Budget Billing Program will occur in June and December of each year; the customer will be notified on the next month's bill of any revised payment amount.
- Budget customers receiving Energy Assistance must make all payments reflected on monthly billing statements.

## HOW IS THE BUDGET BILLING PROGRAM CALCATED?

Any calculation of a new monthly budget amount or a revision to a budget amount will be based upon:

- Average consumption for the prior twelve (12) month period;
- Projected gas costs for the succeeding twelve (12) month period; and
- Normalized weather conditions.

**AGREEMENT:** *I understand the terms of the Budget Billing Program and calculation of the established monthly payment amount and do hereby agree to pay the established monthly payment on or before the due date per my monthly natural gas bill. I understand that this Agreement shall remain in effect until I advise the Gas Co. to terminate my participation in the Program; any debit balance on my account shall be due immediately and be subject to disconnection, and any credit balance on my account will be applied to my next monthly statement or refunded according to standard company policy.*

## SOUTH EASTERN INDIANA NATURAL GAS CO., INC. – BUDGET BILLING AGREEMENT

*If you are currently enrolled in the Budget Billing Program and wish to remain enrolled; you do not need to return this agreement, you will remain enrolled. However; review the Budget Terms and Program details.*

### Please check one:

- REMOVE** me from the Budget Billing Program
- ENROLL** me in the Budget Billing Program; my account is paid in full.

### Please check, if you agree:

- I agree that I have read and understand all Budget Billing Program Terms and Program details.

Name(s) of the Account Holder:

Account #:

Email Address:

Daytime Phone:

Alt. Phone:

Authorized Signature:

Date:

April 2020