

Budget Billing Enrollment Form

Get a more predictable energy bill with Dunn Energy Cooperative's Budget Billing program. We know that receiving a consistent bill each month makes budgeting much easier. The Budget Billing program makes each monthly bill the same every month, all year long, at no additional charge.

How does it work?

With Budget Billing, we take into account your energy costs, historical usage and seasonal changes in energy use. We calculate your total cost and average it out over 12 months.

The 12th month is when we will settle up the account. You may end up with either a credit or a charge that month. If you are running substantially up or down from your average, we reserve the right to adjust your monthly payment during the year to prevent a surprise in the 12th month.

Enrollment and Cancellation

To enroll in Budget Billing, you can:

- Email the completed application to info@dunnenergy.com
- Fax the completed application to 715-232-6244
- Mail the completed application with your next energy bill payment
- Mail the completed application to:

Dunn Energy Cooperative
P.O. Box 220
Menomonie, WI 54751

You will be automatically re-enrolled in the Budget Billing Program each year. You may continue to use the program as long as you'd like, as long as you remain in good standing with Dunn Energy Cooperative.

You may cancel your participation at any time by calling the office during business hours at 715-232-6240. Your balance will be due upon cancellation.

If you miss two (2) Budget Billing payments during the program year, you will be removed from the program and the full balance on your account will be due at that time.

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Budget billing is a free service offered by Dunn Energy Cooperative. Just print this page, fill out the form, and mail it to us with your next bill, or scan and mail to info@dunnenergy.com. You can also fax the form to 715-232-6244.

Name (as it appears on your bill): _____

Dunn Energy Cooperative Account Number: _____

Address: _____

City/State/Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email address: _____

Signature: _____ Date: _____