



City of Jackson

CAPE GIRARDEAU COUNTY SEAT

**TERMINATION OF BUDGET BILLING
ELECTRIC USE ONLY**

Date: _____

Account(s): _____

Name: _____ **Phone:** _____

Location: _____

I, _____, wish to terminate budget billing for the above address. I understand that budget billing is a voluntary program and may be terminated by the customer or the City by written notice. Once terminated, budget billing can not be reinstated for a period of at least 12 months at this location by the same account holder.

Account Holder's Signature

City Representative's Signature