

Orange County REMC

Due Date Extension Plan



Name of Member _____

Address _____ City _____ State _____ Zip _____

Account Number _____ Social Security Number _____

*This form must be accompanied with a copy of an award letter and/or proof of a monthly check.

I currently receive social security and/or disability and request an extension of my monthly electric bill to the 6th of the month. At this time, a full payment will be made and there will be no penalty applied to my account. If payment is made after the 6th this application becomes void and I revert to the regular due date of the 30th.

Member Signature _____ Date _____