

## Request for BUDGET BILLING Removal

Please complete and return in the enclosed envelope. Due to timing, it may take one billing cycle to remove this account from budget billing.

Name on Account:			
Address on Account:			
City:	State:	ZIP:	
Phone Number:			
WIN Energy REMC Account N	umber(s):		
I wish to be removed from WIN	Energy REMC'S Budge	t Billing Program.	
Signature:		Date:	