



Central Florida Electric Cooperative, Inc.
 P.O. Box 9 Chiefland, Fl. 32644
 Phone 352-493-2511
Fixed Income/Senior Citizens Payment Plan Application

Member Information

Name that Appears on the Bill.	CFEC Account # _____
Name _____	Drivers License # _____
Address _____	Social Security # _____
_____	Date of Birth: _____
Email _____	Phone: _____
_____	Cell Number: _____

**If born after 1948 you will need to attach proof of income type!
 We do not need to know the amount!**

Primary Income (Check One)

<input type="checkbox"/> Social Security	<input type="checkbox"/> U.S. Civil Service Retirement
<input type="checkbox"/> Veterans Pension	<input type="checkbox"/> Other (List Source Below)

My income comes on the _____ of each month.

I understand that by requesting this billing date change that my reading date will also change. I further understand that my account will be read with the new reading date and I will be billed to the new billing date once the change is made. The amount of the first bill, once this change is made, maybe as much as a normal two months bill. The balance on the account has to be zero at the time of the change.

This does not constitute an extension on your electric bill.

I hereby certify that the above income is my primary source of income and that if changes occur, I will notify Central Florida Electric Cooperative, Inc.

Date: _____ Signature: _____

Below For Office Use Only

Current Cycle: _____	
<input type="checkbox"/> Cycle 91	<input type="checkbox"/> Cycle 92
<input type="checkbox"/> Cycle 93	<input type="checkbox"/> Cycle 94
Date Received: _____	Employee: _____