

Northcentral Electric Cooperative™

ASSURANCE OF PAYMENT

Account Number

Billing Name

Service Address

Mailing Address (if different)

To: Northcentral Electric Cooperative

Whereas it is necessary that a security deposit in the amount of \$_____ be made before electricity can be provided for the person or persons shown above and at the account and location shown, and since payment of the total amount above causes an extreme hardship on said person or persons, I do hereby, by affixed signature below, assume full and sole responsibility for the payment of an bills which may be accrued at his account in excess of the \$_____ which is deposited by them, but not exceeding \$_____.

Name (Printed)

Account Number

Signature

Date

Witness