

Orange County REMC
Due Date Extension Plan
Application Form

Name of Member: _____ Account Number: _____

Address: _____

Social Security Number: _____

I currently receive social security and/or disability and request an extension of my monthly electric bill to the sixth (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 sixth (6th) this application becomes void and I revert to the regular due date of the 30th.

Member Signature: _____ Date: _____

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