

BILLING ACCOUNT NOTICE

Name of Liable Party: _____ Name of Person: _____
Street Address: _____ TABS ID #: _____
_____ Account #: _____
City, State Zip _____ Service Provider: _____
_____ Street Address: _____
_____ City, State Zip: _____
Phone: _____

A new billing account for the above-named person is being established. Effective ____/____/____ the maximum monthly amount you will be charged for services is \$ _____.*

Your existing rate is being changed as follows:

New Total Monthly Charge: \$ _____*

Effective Date: ____/____/____

Reason for Change: _____

You are being charged an additional amount per month to pay for a State-approved rate increase for the services being received.

Effective Period: ____/____/____ through ____/____/____

Additional Monthly Charge: \$ _____

New Total Monthly Charge: \$ _____*

You are being refunded \$ _____ for a State-approved rate decrease for the services being received.

*** Charges will be applied as follows:**

Service _____	Amount \$ _____
Service _____	Amount \$ _____
Service _____	Amount \$ _____
Service _____	Amount \$ _____

THESE CHARGES ARE ESTABLISHED PURSUANT TO 14 NYCRR Subpart 635-12.5(b) and 635-12.9.

THIS IS NOT A BILL - PLEASE DO NOT SEND PAYMENT UNTIL YOU RECEIVE A BILL

Copy To: _____
