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ASSURANCE OF PAYMENT

Account Number _____

Billing Name _____

Service Address _____

Mailing Address _____
(if different) _____

To: Northcentral Electric Power Association

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