



*-Average Monthly Payment Plan-*

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail completed form to Harmon Electric Association, Inc., PO Box 393, Hollis, OK 73550