



# LEVELIZED BILLING PROGRAM

Pay the same fixed amount every month of the year!  
Call **803-323-5304** to enroll today

ENROLL AFTER MAY BILL



unBOX a new GRILL **SALE** ends 6/30/23



25 CYCLE BILL

PO Box 11907  
965 W Main Street  
Rock Hill, SC 29731  
[www.ycnga.com](http://www.ycnga.com)

customer service: (803) 323-5304  
automated 24-hour bill pay: (803) 323-5306  
after hours: (866) 201-1001  
email: [customer.care@ycnga.com](mailto:customer.care@ycnga.com)

account number **105506-001**  
customer name SHEQUITA N GETER  
service address 395 SOFT WINDS VILLAGE DR  
location number 252935  
billing date 05/05/23 due date **05/30/23**  
billing period 04/06/23 - 05/04/23

Auto Pay ☐ Levelized Bill ☐ E-Bill Only ☐

### account summary

last bill amount 135.52  
payment - thank you 05/05/23 -138.92  
adjustments/late charges 3.40  
balance forward 0.00

### current charges

Base Charge 8.50  
Preferred Residential 46.89  
41.160 therms @ \$1.139300  
gas related charges 55.39  
Appliance Contract 14604 67.40  
**total current charges 122.79**

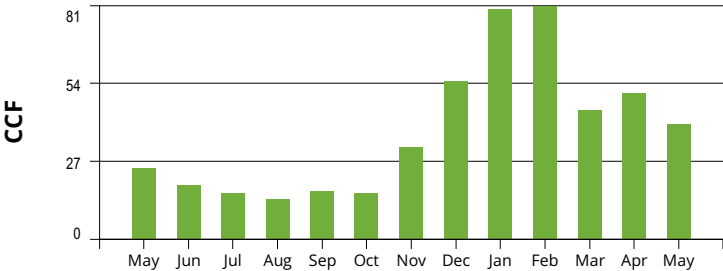
balance forward 0.00  
**total due 122.79**  
after 05/30/23 total due 125.79

### consumption information

meter number 13640160 current read 6724 previous read 6684

$$\frac{40}{\text{usage CCF}} \times \frac{1.029}{\text{BTU factor}} = \frac{41.160}{\text{consumption therms}}$$

Consumption By Month Billed



	PREVIOUS YEAR	CURRENT YEAR	
billing month	May	May	12-month CCF
days billed	29	28	466
CCF usage	25	40	

### payment coupon

payable to: YCNGA  
see reverse side for important information

25

\*\*\*\*\*AUTO\*\*5-DIGIT 29731



SHEQUITA N GETER 2  
395 SOFT WINDS VILLAGE DR 473  
ROCK HILL SC 29730-7637

PLEASE BRING ENTIRE BILL WHEN PAYING AT THE OFFICE

SC01300F

account number **105506-001**  
customer name SHEQUITA N GETER  
service address 395 SOFT WINDS VILLAGE DR  
location number 252935

balance forward 0.00  
**total due 122.79**  
after 05/30/23 total due 125.79

amount enclosed

☐ Check here for a mailing address or phone number change and complete the form on the reverse side.



DO NOT WRITE BELOW THIS LINE

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