

How To Read Your SLECA Bill

1. Office hours.
2. How to contact SLECA.
3. SLECA website address.
4. Your SLECA account number, name, location, billing dates and important service information.
5. Billing summary showing all charges for your account.
6. Payment activity since your last bill.
7. Due date and amount due.
8. Message center.
9. Chart comparing Kwh usage and cost.
10. Graph illustrating 13 months of usage.
11. Return stub with your payment.
12. Due date and amount due.
13. Voluntary donation to Councils on Aging.

South Louisiana Electric Cooperative Association
 P O Box 4037, Houma, LA 70361

Office Hours: Monday - Thursday 7:30 AM - 5:30 PM, Friday - 7:30 AM - 4:30 PM

Office Phone: Houma: (985) 876-6880, Toll Free: 1-800-256-8826, Amelia: (985) 631-3605, Toll Free: 1-800-256-8836

LOW RATES. HIGH EXPECTATIONS. Please visit us at www.sleca.com

Account #		Account Name		Service Address		Cycle	Board District	Bill Date		
99999-99		ANY MEMBER		123 ANY STREET		999	07	08/18/11		
Bill Type	Rate	Meter #	Service Period		No. Days	Meter Reading		Multiplier	kWh Usage	Charges
			From	To		Previous	Present			
0	10	99999999	07/07/11	08/08/11	32	22391	23933	1	1542	\$116.48
POWER COST ADJUSTMENT @ 0.028550									1612	
1 175W MERCURY VAPOR									70	6.29
CURRENT AMOUNT DUE 09/09/11										122.77
PREVIOUS AMOUNT DUE										115.04
THANK YOU FOR YOUR PAYMENT 08/10/11										-115.04
PREVIOUS BALANCE										0.00

Comparisons	Days Service	kWh Used	Avg. kWh/Day	Cost per Day	TOTAL DUE NOW	
Current Billing Period	32	1542	48	3.64	\$122.77	
Same Period Last Year	33	1732	52	3.84	After 09/09/11 Pay	\$122.77

YOUR ELECTRICITY USE OVER THE LAST 13 MONTHS

8 You can now pay your bill online by going to www.sleca.com. Call us with the email address and telephone number you will use when logging in.

9 FAILURE TO RECEIVE BILL DOES NOT AVOID PAYMENT

7 TO REPORT A POWER OUTAGE, PLEASE CALL YOUR LOCAL OFFICE

11 **12**

Account Number	Due Date	Net Amount
99999-99	09/09/11	\$122.77
Telephone Number	After 09/09/11	Amount Paid
123-456-7890	\$122.77	

13 I GIVE \$ _____ FOR CO-OP CARES

Keep This Portion for your Records - Return Bottom Portion With Payment
 PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT

LA07680G

11 **12**

PO Box 4037
 Houma LA 70361
 Return Service Requested

ANY MEMBER
 123 ANY STREET
 ANY TOWN, USA 12345-1234