

Utility Services Agreement

Please complete this form to instruct UniHomes to provide the services as set out within the sections below. This agreement is separate to any tenancy agreement (if applicable).

Provider:

UniHomes and Bills Ltd, Suite 5, The Manor House, 260 Ecclesall Road South, Sheffield, S11 9PS

Supply Address:

You agree for UniHomes to provide utility services at the following property:

House/Flat Street: Charlesworth House, 135 Charles Street

Utility Costs:

Below is a summary of the costs, please choose how you would like to pay:

Number of	2	Weekly Utility	САЛ	Total Weekly	£28
Tenants:	2	Cost per Person:	£14	Utility Cost:	120

Monthly direct debit payment of £60.67 per person

Quarterly direct debit payment of **£182.00** per person

Term:

Please enter the dates that the utility services are to start and end:

Start	End
Date:	Date:

Services:

The services provided are:



Agreement Terms:

By signing this agreement you accept UniHomes' terms and conditions:

- Each person agrees to pay their share of the amount specified above by direct debit each month or quarter in advance.

- You have a 14 day cooling-off period upon signing this agreement.
- If your property is not currently supplied by UniHomes it will take 4 to 6 weeks to change providers.
- The electricity has a maximum allowance of 5,650kWhs per 12 months for the entire property (to be calculated pro-rata).
- There are no early termination fees.
- Should one or more tenants fail to pay their share of the utility cost, leave the supply address or become non-contactable for any reason resulting in non-payment, the direct debit for all remaining tenants will be increased to cover the unpaid share.
- Any failed/bounced/late direct debit collections will be subject to a 10+VAT charge.
- Full terms and conditions can be found by visiting www.unihomes.co.uk/terms-and-conditions.

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Utility Services Agreement

Tenant 1:

Title:	Full Name:	Date of Birth:	Contact Number:
E-mail Addre	255:	Signature:	Date:
Tenant 2	2:		
Title:	Full Name:	Date of Birth:	Contact Number:
E-mail Addre	ess:	Signature:	Date: