



ENROLLMENT FORM

I choose to support **Neighbors Chipping In by enrolling in the following recurring monthly donation:**

Round Up At Billing

Donation On Bill: \$1.00 \$5.00 \$10.00 \$15.00 Other: _____

RPU Account Number

Last Name (As It Appears On Your Account)

First Name (As It Appears On Your Account)

Service Address	City	State	Zip
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Mailing Address (If Different than the Service Address)	City	State	Zip
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_____ Home Cell Other: _____
Contact Phone Number (with area code)

Email Address

How did you hear about Neighbors Chipping In?:

Social Media	Radio	TV	Utility Website	Utility Representative
Utility Newsletter	Rochester Public Transit (bus)			Other _____

SIGNATURE:

By entering my first and last names in the Customer Signature box below, I am signing this document and certify that I am allowing RPU to increase my bill on a monthly recurring basis at the option I've chosen above. I know I may discontinue my donations by contacting RPU Customer Care.

Customer Signature _____ Date _____

Mail this completed form to: RPU Customer Care
4000 East River Road NE
Rochester, MN 55906-2813

Or email it to: customercare@rpu.org

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