



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

Mailing Address *(If Different than the Service Address)* City State Zip

Contact Phone Number *(with area code)* Home Cell Other: _____

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