



# PAPERLESS BILLING & AUTOPAY ENROLLMENT FORM

You may also enroll using the RPU Connect mobile app or the website portal at: [www.rpu.org](http://www.rpu.org)



## CUSTOMER INFORMATION (PLEASE PRINT)

Last Name (As It Appears On Your Account) \_\_\_\_\_ First Name (As It Appears On Your Account) \_\_\_\_\_ RPU Account Number \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different Than the Service Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number (With Area Code) \_\_\_\_\_ Phone Type: Home Cell Other: \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

## TERMS & SIGNATURE

BY TYPING MY FIRST AND LAST NAMES IN THE BOX BELOW, I AM SIGNING THIS FORM AND HEREBY REQUEST RPU TO ENROLL MY ACCOUNT IN THE OPTIONS I HAVE SELECTED BELOW. THE AUTHORIZATIONS ARE TO REMAIN IN EFFECT UNTIL RPU RECEIVES NOTIFICATION FROM ME TO CANCEL.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAPERLESS BILL

I understand I will no longer receive my monthly utility bill via postal mail. I can log in to view my utility bill via [www.rpu.org](http://www.rpu.org).

### BILLING NOTIFICATIONS (CHOOSE ONE)

I elect to receive an alert via email or text message (select a method below) that my payment is due, and my bill is available to view at [www.rpu.org](http://www.rpu.org).

Email Alert: Email Address: \_\_\_\_\_

Text Message Alert<sup>+</sup> Cell Phone Number: \_\_\_\_\_

<sup>+</sup>Message and data rates may apply.

### NEIGHBORS CHIPPING IN

RPU's Neighbors Chipping In program collects donations to help struggling individuals and/or families in our community pay their utility bill. It's easy to give with a recurring monthly donation (*donations can be cancelled at any time*).

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

#### Round Up My Bill

Fixed Amount: \$1.00 \$5.00 \$10.00 \$15.00 Other: \_\_\_\_\_

### AUTOPAY

I request RPU and authorize the financial institution or credit/debit card company named to initiate debit entries to my account to pay my monthly utility bill. These payments will be deducted on my due date. Please use the following method for my automatic payment:

Checking Account Withdrawal (Please attach a VOIDED check.) Bank Name: \_\_\_\_\_

Savings Account Withdrawal (Please attach a VOIDED deposit slip.) Bank Name: \_\_\_\_\_

Credit or Debit Card\* (Please fill out your credit or debit card information below.)

\* Please note that the maximum amount allowed for a credit card payment is \$2,000 per transaction and \$60,000 for checking and savings per transaction. In addition, the maximum number of payment transactions allowed on an account is five (5) per month.

**WE VALUE YOUR PRIVACY!** The portion of this Enrollment Form above the dotted line will be retained for authorization purposes. To protect your privacy, this credit card panel and any attached voided checks or deposit slips will be destroyed.



Name (As It Appears on Card): \_\_\_\_\_

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

CVV: \_\_\_\_\_