



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

MN

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

MN

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

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