



BUDGET BILLING ENROLLMENT FORM

FORM #: CS1007

REVISED: 10/14/2025

TYPE OR PRINT CLEARLY

ACCOUNT NUMBER: _____

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

PLEASE CHOOSE YOUR BUDGET BILLING PLAN: ☐ VARIABLE PLAN ☐ MIXED PLAN

FOR OFFICE USE ONLY

PERSON REQUESTING ENROLLMENT: _____

DATE OF ENROLLMENT REQUEST: _____

IDENTIFICATION PROVIDED:

☐ PHOTO ID

☐ SOCIAL SECURITY NUMBER

☐ ACCOUNT INFORMATION (NAME, ACCT NO, SERVICE ADDRESS, AND BILLING ADDRESS)

CSR Signature **X** _____

Date: _____