

PROJECT "EASE" PARTICIPATION FORM
(Funds for energy assistance)

Date: _____

Account Number: _____

Account Name: _____

Account Address: _____

Amount to be contributed each billing cycle: \$ _____
(The amount can be any amount from \$1.00 to \$999.00.)

How long do you want the contributions to continue? _____ **Mos.**
(The minimum time period is 12 months. Deductions can be continued for as many months as the customer desires with 12 months being the minimum.)

As the owner of the above utility account, by signing this authorizing statement I authorize the City of Alexander City to add the indicated amount to my monthly utility billing for the number of months which I have indicated.

Signature

Date

Print the above signature here.

Clerk