



# TOWN OF CLAYTON

## Utilities & Billing/Customer Service

111 E. Second Street, Clayton, NC 27520

P.O. Box 879, Clayton, NC 27528

Phone: 919-553-5002

Fax: 919-553-0719

utilities@townofclaytonnc.org

## NEW SERVICE CHECKLIST

Welcome to the Town of Clayton! This checklist is provided to help you put together the information needed to set up your utility account. You can visit our office in The Clayton Center at 111 E. Second Street in Clayton or they may be faxed in to 919-553-0719, or they can be emailed to [utilities@townofclaytonnc.org](mailto:utilities@townofclaytonnc.org). They can also be mailed to Utilities & Billing, P.O. Box 879, Clayton, NC 27528. **Service connection will be delayed if all these documents are not provided.**

## ALL DOCUMENTS ARE REQUIRED TO ESTABLISH SERVICE

Completed Town of Clayton Utility Service Application

State or Federal Issue Photo ID for **ALL** applicants

Deposit in the form of cash, check, money order, or credit/debit card (*waived with proof of satisfactory payment history from previous utility provider*)

Voided check or a letter from your bank with your routing and account number, if you are going to participate in bank draft

Proof of Social Security Number for **ALL** applicants

Proof of Residency:

FOR RENTERS: A copy of your signed lease

FOR OWNERS: Intent to Purchase or Settlement Statement

**ALL TOWN OF CLAYTON ACCOUNTS MUST BE CURRENT BEFORE SERVICE CAN BE SET UP**

**Please be mindful that our office closes at 5:00 p.m. Please be in the office no later than 4:30 p.m. to set up new accounts.**



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## **YOUR UTILITIES & BILLING AT A GLANCE**

### **Payment options**

- **Bank Draft:** FREE! Never have a late fee or penalty again!
- **Online:** Click here to pay by credit or debit card online at [TownofClaytonNC.org](http://TownofClaytonNC.org). Save time, save gas, save a stamp! There is a small convenience fee of \$3.95 for this service.
- **Mail:** Slip your payment in the envelope provided and send to P.O. Box 63024, Charlotte, NC 28263-3024
- **Outdoor Drop Box:** Want to drop off a payment 24/7 from the convenience of your car? Use our drive-up drop box located in the Horne Street parking lot of The Clayton Center. Use the box for check and money orders, but **not cash**. You'll find it on the Fayetteville Street side of the parking lot, and it's super shiny so it's hard to miss!
- **Pay in Person:** We take cash, check or money order at our Utilities & Billing Department, located on the second floor of The Clayton Center, 111 East 2nd Street. We're open during regular business hours, weekdays from 8 a.m. to 5 p.m. During that same time frame, you can drop check or money order payments off in a box located on the 2nd Street side of the building. Look for the drop box in the space between the two sets of glass double doors.

### **Due Date, Penalties, Non Payment Collection**

- Your due date is printed on your bill.
- A 5% penalty is added to your bill the day after your due date if not paid on the due date.
- A \$25.00 disconnection penalty is added to your bill if ANY balance has not been paid in full 7 days after your due date.
- If the Town is unable to collect from a closed past due account within 60 days, we will use an outside collection company. Please be advised that these companies report to the 3 credit reporting agencies.
- If the Town must pursue collections for an unpaid balance, we can collect from your NC State Income Tax Refund.

### **Returned Checks/Drafts**

- The Town's returned check/draft fee is \$25.00.
- The Town's will contact you at the phone number on the account (please keep your phone numbers current). If we cannot contact you by phone we will put an orange door hanger on your door to notify you of the returned item.
- You will have 48 hours to pay the returned amount plus the \$25.00 fee. If you do not make a payment within the 48 hours, your services **will be** disconnected.
- A 2nd returned check will make you "cash only", meaning that the Town will only accept cash, money order, cashier's check, or debit card/credit card as types of payments.
- A 2nd returned draft will get you removed from the bank draft plan and you could be required to pay an additional deposit, due immediately.
- A returned check for a deposit results in an immediate disconnection without benefit of prior notification.



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## Utility Service Application

YES - I want free e-billing!

NO - Mail my bill to my home.

OFFICIAL USE ONLY	
SS# Verified	_____
Photo ID Verified	_____
Lease/HUD	_____
Deposit Paid	_____
Work Orders	_____
Billing Items	_____
NP Billing Items	_____
Customer Checklist	_____

Date service to be activated: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Rent      Own

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

### CO-APPLICANT INFORMATION:

NAME: \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

Have you or any other occupant at this address ever had a utility account with the Town?

Yes, please state address: \_\_\_\_\_

No, please initial: \_\_\_\_\_

Who was your previous utility provider? \_\_\_\_\_

Did you leave owing a balance to this utility provider and if so, how much? \_\_\_\_\_

\*Email addresses are used to send reminders about payment being due. You acknowledge that by not providing the Town with an email address, your bill will serve as your final notice. This means you will not receive further information regarding late payments or disconnections.

You certify that you are eighteen years of age or older, that the above information is accurate, and that you will be responsible for payment of the entire bill upon termination of service. Additionally, if the Town determines that you or any other occupant at this address owes past due balances to the Town, you/we will be responsible for payment of those balances and any associated fees. You have had an opportunity to review a copy of the Town's cut-off policy and are subject to the Town's Utility Policy as currently in effect. The account is subject to immediate disconnection without notice if the deposit and connect fee is returned for insufficient funds or if the Town discovers delinquent past due balances from prior accounts.

You further agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device as, applicable.

I/We have read this disclosure and agree that the town of Clayton may contact me/us as described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Account # \_\_\_\_\_

## Residential Utility Deposit Information

- A. Account History Waiver:** Customer must provide at time of establishing service: proof of social security number, valid photo ID and a letter of credit from current utility provider demonstrating good payment history defined as: **no** late payments, **no** returned checks, **no** returned drafts and **no** disconnects for nonpayment within the immediate preceding 12 months.
- B. Participating Deposit:** Customer must provide at time of establishing service: proof of social security number, valid photo ID and deposit (listed below); the customer **MUST** enroll in Bank Draft.

### Deposit Schedule

Electric	\$150
Water	\$50
Sewer	\$50
Irrigation (if applicable)	\$50
<b>TOTAL</b>	<b>\$50-300</b>

After 6 months of successful bank drafts, the customer's deposit will be applied to their account. If any unsuccessful bank drafts occur within the first 6 months of service, the deposit will not be applied; it will then be subject to review at the account's 1 year anniversary date.

- C. Non-Participating Deposit:** Customer must provide at time of establishing service: proof of social security number, valid photo ID and deposit (listed below); the customer may decline participation in Bank Draft.

### Deposit Schedule

Electric	\$300
Water	\$50
Sewer	\$50
Irrigation (if applicable)	\$50
<b>TOTAL</b>	<b>\$50-450</b>

### Premium Deposit Schedule

<b>*Billed over 12 month period*</b>	
Electric	\$100
Water	\$10
Sewer	\$10
Irrigation (if applicable)	\$10

**PLUS**

The deposit shall only be refunded, net of any outstanding bill, at the time of account closing.

- D. High Risk Deposit:** Customer must provide at time of establishing service: valid photo ID and deposit (listed below); the customer declines to provide proof of social security number.

### Deposit Schedule

Electric	\$800
Water	\$120
Sewer	\$120
Irrigation (if applicable)	\$120
<b>TOTAL</b>	<b>\$120-1160</b>

Participation in Bank Draft and/or Budget Bill will not have any impact on the deposit schedule for customers in the High Risk category.

The deposit shall only be refunded, net of any outstanding bill, at the time of account closing.

I, \_\_\_\_\_, **have read the above information and elect deposit option** \_\_\_\_\_.  
Customer's Printed Name

I understand that I may be required to pay an additional higher deposit, establish a new deposit, or reestablish a deposit after my original deposit has been refunded if any or all of the following conditions apply to my account: disconnection for nonpayment, failure to honor payment arrangement, returned checks/drafts, meter tampering, and/or falsification of information provided on service application. Under these terms, the deposit must be paid immediately or immediate disconnection may occur.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Town of Clayton Witness' Signature

\_\_\_\_\_  
Date

NOTE: Customers with unpaid delinquent balances with other units of government shall be required to bring all delinquent accounts current before services can be established with the Town of Clayton, and they may be subject to a higher deposit.



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**BANK DRAFT AUTHORIZATION**

The Town of Clayton offers customers the convenience of paying monthly utility bills via draft from a checking account. Participants will continue to receive their monthly bill and will have their account drafted on a scheduled due date. If you would like to take advantage of this service, please complete this application and return it to the Customer Service Department. We will process your request as quickly as possible.

_____ New Bank Draft Authorization	_____ Change in Account Number or Bank
<b>Cycle 1: DATE TO DRAFT ACCOUNT</b>	_____ 8 <sup>th</sup> _____ 15 <sup>th</sup> _____ 22 <sup>nd</sup>
<b>Cycle 2: DATE TO DRAFT ACCOUNT</b>	_____ 15 <sup>th</sup> _____ 22 <sup>nd</sup> _____ 29 <sup>th</sup>
<b>Cycle 3: DATE TO DRAFT ACCOUNT</b>	_____ 15 <sup>th</sup> _____ 22 <sup>nd</sup> _____ 29 <sup>th</sup>
<b>Cycle 4: DATE TO DRAFT ACCOUNT</b>	_____ 8 <sup>th</sup> _____ 22 <sup>nd</sup> _____ 29 <sup>th</sup>

Name of Customer: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (alternate) \_\_\_\_\_

**Please attach a voided check here.**  
**\*\* Deposit slips cannot be processed \*\***

I hereby authorize the Town of Clayton to draft my utility payments and initiate credit entries or such adjusting entries, either Debits or Credits, which are necessary for corrections or adjustments from the account and bank I have indicated above. This authorization is to remain in full force and effect until the Town receives a new written agreement from me. I understand that cancellation of bank draft will require a thirty (30) day prior written notice to the Town. I understand that drafts not honored by my financial institution shall be treated in the same manner as a returned check, and shall be subject to all applicable fees and charges. I further understand that as is the policy with returned checks, if I have two returned drafts within a twelve month period, I shall be removed from draft payment, and shall be required to pay in cash, certified check or credit card. I hereby certify that I will notify the Customer Service department immediately of any changes in my depository relationship with my financial institution that shall affect this draft agreement. I am also aware Customer Service will need 30 days notice if I should need to change my draft date.

\_\_\_\_\_  
 Authorizing Signature

\_\_\_\_\_  
 Date



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I choose to **OPT OUT** of the Load Management Program  
Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Load Management Application

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Owner Agreement:

I request that Load Management controls be installed on my home for the purpose of controlling the following ELECTRIC appliances:

\_\_\_\_\_ Water Heater

\_\_\_\_\_ Heat Pump / Heat Strips

\_\_\_\_\_ AC Compressor (25% Program = 15min/hr)

\_\_\_\_\_ AC Compressor (50% Program = 30 min/hr)

### Please note: GAS appliances are not eligible for the Load Management Program

Through participation in the program, I will receive related credits on my monthly utility bill:

Electric Water Heater: \$5.00/month (January thru December)

Heat Pump/Heat Strips: \$12.00/month (December thru March)

AC Compressor – 25%: \$6.00/month (June thru September)

AC Compressor – 50%: \$10.00/month (June thru September)

I agree for the Load Management Switch to remain connected for a minimum of one year from date of installation. If controls are disconnected or removed prior to the one-year period, customer will forfeit credits and the Town will require customer to refund credits earned.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOC Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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### Landlord/Tenant Agreement:

I give the Town of Clayton permission to install Load Management equipment on my property for the purpose of controlling the operation of my electric devices during peak hours.

Landlord Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## EEOC Data Collection

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The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

Ethnicity:	Hispanic or Latino	Not Hispanic or Latino
Race:	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White	
Gender:	Male	Female