



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

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

Utility Service Application

YES - I want free e-billing!
 NO - Mail my bill to my home.

Date service to be activated: _____

Name of Customer: _____

Service Address: _____ Rent Own

Mailing Address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ Email: _____

Phone number: _____ (alternate): _____

Co-Applicant: _____ Phone number: _____

Social Security Number: _____ Driver's License # _____

Date of Birth: _____ Email: _____

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? _____

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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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
TOTAL	\$50-300

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
TOTAL	\$50-450

Premium Deposit Schedule

Billed over 12 month period	
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
TOTAL	\$120-1160

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
Cycle 1: DATE TO DRAFT ACCOUNT	_____ 8 th _____ 15 th _____ 22 nd
Cycle 2: DATE TO DRAFT ACCOUNT	_____ 15 th _____ 22 nd _____ 29 th
Cycle 3: DATE TO DRAFT ACCOUNT	_____ 15 th _____ 22 nd _____ 29 th
Cycle 4: DATE TO DRAFT ACCOUNT	_____ 8 th _____ 22 nd _____ 29 th

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 or certified check for a period of twelve months. 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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BUDGET BILLING APPLICATION

Name of Customer: _____

Service Address: _____

Phone #: (home) _____ (alternate) _____

I desire to have the Town of Clayton bill my account in equal monthly amounts for the purpose of budgeting my expenses. My signature below signifies that I understand and agree to the terms of the policy shown on this application.

Budget Bill Payment Plan

The purpose of this Budget Bill plan is to offer customers an option to pay a flat amount per month for their utility service account. The amount is based on an average of the customer's last twelve months of utility bills. The customer is responsible for paying at least this budget bill amount by the due date each month for twelve months. Due dates will remain the same as the normal billing cycle and all penalty and cutoff policies will remain in effect.

On the twelfth month of budget bill payments, the customer's account will either have a balance or a credit. In the event of a remaining balance, the customer's budget bill amount will be increased for the next twelve months to include the remaining balance. In the event of a credit, the customer's budget bill amount will be decreased for the next twelve months to incorporate the credit.

In the event one of the following conditions apply to an account, the customer will be required to bring their account to a zero balance and will no longer be eligible for the plan: disconnection for nonpayment, returned checks/drafts, meter tampering, and/or falsification of information provided on service application. If the customer is delinquent three (3) or more times in a twelve month period, they will be removed from the budget bill program.

No penalties will accrue, regardless of account balance, if payment is received by the due date.

Any customer who had any delinquencies or bad checks in the previous twelve months is not eligible for this plan.

The Town reserves the right to request a payment adjustment conference with the customer between anniversary dates if it appears that the amount billed and the amount paid will vary by a substantial amount.

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: _____

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

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