Name on Account:_____

Service Address:_____

Phone:_____

I authorize the Town of Edenton to "round up" my monthly Town of Edenton utility bill and the monies generated will be placed into a fund with Edenton Emergency Aid which will help citizens in need of assistance with paying their utility bill.

Signature _____ Date;_____

EDENTON
North Carolina

For Office Use:

Account Number:_____

Mail to: PO Box 300, Edenton NC 27932

Drop off: 400 S. Broad St, Edenton NC 27932

E-mail: *darlene.carter@edenton.nc.gov*