



POWER OF CHANGE ENROLLMENT FORM

We would like to urge you to join other Starkville Utilities' customers in rounding up to the nearest dollar amount or more each month to help a neighbor in need. By paying a little extra, you help pay utility services for a home of a neighbor in need that finds themselves in a one-time emergency situation.*

All funds donated to the Power of Change will be transferred to the Starkville Community Foundation for disbursement to individuals in the community for utility bill assistance. To find out more about this non-profit organization, their eligibility criteria, or their mission, please visit www.starkvillecommunityfoundation.com.

☐ YES, I would like to round up to the nearest dollar amount on my bill every month until I cancel.

☐ YES, I would like to contribute a set amount of \$_____ on my bill every month until I cancel.

☐ YES, I would like to contribute a one-time donation in the amount of \$_____.

Customer Name (please print)

Starkville Utilities Account Number

Customer's Email Address

By signing below, I authorize Starkville Utilities to add the indicated amount above to my utility bill each month. I understand and agree that this authorization remains in effect until I notify Starkville Utilities to cancel it. *Cancellation requests will be accepted by emailing support@starkvilleutilities.com. If the bill has already been generated or the account has been drafted, it will not be canceled until the following billing cycle.*

Signature: _____ **Date:** _____

**Neither Starkville Utilities nor the City of Starkville decides who is eligible to receive funds or directs funds to a specific individual or customer.*

Starkville Utilities Personnel Only:

Acct#: _____ CSR: _____