



# BUDGET BILLING

## Sign Up Form

### City of Austin Utilities Account Information:

\_\_\_\_\_  
Name of account holder: Last, First, Middle Initial

\_\_\_\_\_  
Utility Account Number

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

\_\_\_\_\_  
Mailing Address: City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
E-mail Address

**Signature Section:** I wish to participate in the City of Austin's Budget Billing program. I have read and I understand the terms of the program. If accepted, I understand that my account will be placed on the Budget Billing program.

\_\_\_\_\_  
Account Holder's Signature for Authorization

\_\_\_\_\_  
Date

### Application Submission

**To enroll, please mail this completed form to:**

City of Austin  
Customer Service Center – Budget Billing  
P. O. Box 2267  
Austin, TX 78768-2267

**or fax to:** (512) 505-3578

INTERNAL USE ONLY

LM \_\_\_\_\_

PN \_\_\_\_\_

BUDG \_\_\_\_\_

AO \_\_\_\_\_

RQ \_\_\_\_\_

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