## Clay County Utility Authority Lend A Helping Hand Program Contribution Authorization Form

To change your enrollment in the *Lend A Helping Hand* Program, please complete the information below. If you have created an account on our website, you can also complete and submit this form electronically using your CCUA Website Account. Simply log in to your account at https://www.clayutility.org/myaccount/ and click on the "Lend A Helping Hand" button to get started.

| Customer Number:   | Telephone Number:   |                |          |         |                            |
|--|---|----------------|----------|---------|----------------------------|
| Name (Please Print):   |   |                |          |         |                            |
| Service Address:   |   |                |          |         |                            |
|  |   |                |          |         |                            |
| New Enrollment:  |   |                |          |         |                            |
| Amount of Monthly D  | onation:  | \$1 \$2 _      | \$3      | \$5     | Other Amount \$            |
|  |   |                |          |         |                            |
| <b>Change Current Enrollment:</b> If you already participate in the <i>Lend A Helping Hand</i> Program and do not wish to change your donation, please do not return this form.  |   |                |          |         |                            |
| I am already enrolled and wish to:   |   |                |          |         |                            |
|  | Increase my monthly gift to \$  |                |          |         |                            |
|  | Decrease my monthly gift to \$ Withdraw from the <i>Lend A Helping Hand</i> Program |                |          |         |                            |
|  |   | vv itti        | uraw iro | om me L | ena A Heiping Hana Program |
| I hereby authorize the Clay County Utility Authority to add the amount indicated above to my water and/or sewer bill for the Lend A Helping Hand Program and to continue to do so until I notify the Clay County Utility Authority that I no longer wish to participate. |   |                |          |         |                            |
| Signature:   |   |                |          | _       | Date:                      |
| Please send your comp<br>Clay County Utility A<br>3176 Old Jennings Ros<br>Middleburg, Florida 32  | uthority<br>ad  | ation form to: |          |         |                            |

http://www.clayutility.org/