



CONSOLIDATED BILLING ENROLLMENT FORM

Account Holder Name: _____

Contact: _____
(Must be authorized to make changes on the account.)

Phone Number: _____

Mailing Address: _____
(Where to send the consolidated bill.)

Accounts to be placed on consolidated billing, subject to eligibility requirements.
(If you have more accounts, please attach a separate list.)

Account Name	Account Number	Service Address	City

Signature: _____

Date: _____

Print Name: _____

Please complete and return this form:

Email: SAS@csu.org

Mail: Colorado Springs Utilities
Consolidated Billing - Mail Code 1339
P.O. Box 1103
Colorado Springs, CO 80947-1339

Fax: (719) 668-7176

Terms & Conditions:

This Consolidated Billing Agreement is subject to the Rules, Regulations and Rate Schedules for utilities service on file with Colorado Springs Utilities, as amended from time to time. Except as expressly provided herein, the terms and conditions of existing Contract(s) for utilities service and other Agreement(s), if any, between Colorado Springs Utilities and Customer shall remain in full force and effect. This Agreement will remain in effect until terminated by either party. After official notification has been received, please allow up to two billing periods to add or remove accounts from consolidated billing. Accounts on contracts may take longer to process to ensure consolidating accounts does not alter agreements. Bills are to be paid in full by the due date on the bill. Failure to comply with all conditions may result in the immediate removal of all Customer's accounts from the Program. Not eligible if accounts were consolidated within last 12 months. If account information changes, please submit a new Consolidated Billing form.