



Levelized Utility Payment Program



City of Austin Utility 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 Levelized Payment Program. I have read and understand the terms of the program. If accepted, I understand that my account will be placed on the Levelized Payment Program.

Account Holder's Signature for Authorization

Date

Application Submission

Mail to:

City of Austin-Austin Energy
Customer Service Center – Levelized Payment Program
P. O. Box 2267
Austin, TX 78768-2267

Fax to:

(512) 505-3578

INTERNAL USE ONLY

LM _____

PN _____

BUDG _____

AO _____

RQ _____
