

Time-of-Use (T.O.U) Program Enrollment Form

Please provide the following information to apply for the Time-of-Use (T.O.U.) Program. You must sign and initial in the spaces below, signifying that you fully understand and agree to the terms of the program, as well as the enrollment process.

Name of Business: (if applicable)

Account #:	_	
Address:	City:	State: Zip:
Home Phone:	Office Phone:	Cell Phone:
Best way to reach you:	Contact Pe	erson (optional):
Authorized Signature:	Date:	
Important Terms of the T.O.U. Program		
The T.O.U. Program may give you the opportunity to lower your annual energy costs by reducing your electric use during peak periods. However, if you use electricity during peak hours or excessive electricity during off-peak hours while participating in the program, you will end up paying higher rates. To signify that you understand and agree to the important terms associated with T.O.U., please provide your initials and signature below: I will accept a Free Energy Check-Up at my home or business as a mandatory part of the enrollment process. I understand the program is free to join during this initial signup period and I will have the right to cancel participation at any time during the first year. Each year there will be an Open Enrollment process. I may need to substantially change my routine and lifestyle to experience lower energy bills while on this program. I'm aware that "On-peak" hours differ from summer to winter. If I enroll in the T.O.U. Program and use electricity during peak hours, I will pay higher rates and my monthly bills may be higher. Authorized Signature: Date: Date:		

Call **800.541.9068** to speak with an FPU representative about the T.O.U. Program or visit **www.FPUC.com** to learn more.