



# TOWN OF BENSON - UTILITIES APPLICATION

303 E. Church St. Benson, NC 27504 Phone 919-894-3553 Fax 919-894-1283

Date: \_\_\_\_\_ TOB Employee: \_\_\_\_\_ Choose 1: New Account  Transfer  Prepay   
Services requested to start on: \_\_\_\_\_ Choose 1: Rent  Own  Property Manager  T-Pole

### 1. Account Holder or authorized employee (Please fill up)

Account #:		Customer # (if available):
Name:		Company Name:
Address:		Mailing Address:
Valid Picture ID:		SSN or Tax ID:
Mobile:(text)	Phone : (calls)	email:

### 2. Traditional Customers Only (Deposits, fees and past dues payments are required to start services)

Service Details	Deposit	Transfers only:	(Fee + current bill must be paid)
Electric <input type="checkbox"/>	\$	Transfer from Account #: _____	
Water <input type="checkbox"/>	\$	Deposit Amount: _____	
Sewer <input type="checkbox"/>	\$	Apply \$ to New Account: _____	
Garbage <input type="checkbox"/>		Deposit : \$ _____	
Area Lights <input type="checkbox"/>		Payment: \$ _____	

**Past Balance + Deposit + Transfer Fee = \$**

### 3. Prepay customers only

Moving from Traditional Billing to Prepay? Yes No

Notification Information:

myUsage Login \_\_\_\_\_

Password \_\_\_\_\_

Low Balance Notification amount \$ \_\_\_\_\_

1. Send the following notifications:

Low Balance email  text

Daily Balance email

Recharge email

Pending Disconnect email  text

Disconnect email

Reconnect email

#### myUsage Set-up

Deposit on File \$ \_\_\_\_\_

Balance on Current TOB account: \$ \_\_\_\_\_

Debt Recovery: \$ \_\_\_\_\_ % \_\_\_\_\_

Balance/Credit to myUsage \$ \_\_\_\_\_

Date Calculated \_\_\_\_\_

Date Created on myUsage \_\_\_\_\_

NS Deposit applied as payment? Yes No

Cycle 10? Yes No Processed by \_\_\_\_\_

#### 4. Please check for USDA reporting purpose only

(Please check, for USDA reporting purpose only)

**Gender:** Female  **Male**  **Race:** Asian  Pacific/Islander  Black/African American  Two or more races  Hispanic/Latino  White  Other

#### 5. Customer Agreement (this section must be initialed and signed by applicant)

\_\_\_\_\_ By signing this application I authorize Town of Benson to use my information to determine my deposit and utility account eligibility.

\_\_\_\_\_ For Traditional Billing customers switching to Prepay only, I understand if I want to switch back to Traditional Billing, a new deposit will be required.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

#### 6. ID Scan

#### 7. Checklist (for internal use)

Copy ID and Lease/Deed Inspection (if needed)	<input type="checkbox"/>	Print, sign Application	<input type="checkbox"/>	Upload scans eDocs, reset alerts	<input type="checkbox"/>
Calculate Deposit	<input type="checkbox"/>	Charge Deposit(if needed)	<input type="checkbox"/>	Verify Deposit or Transfer	<input type="checkbox"/>
Print, sign, Work Order	<input type="checkbox"/>	Scan all documents	<input type="checkbox"/>	Verify Info on New account	<input type="checkbox"/>
		Give welcome package	<input type="checkbox"/>	Send Welcome Card	<input type="checkbox"/>