



## Neighbor Aide Contribution Sign-up

Name: \_\_\_\_\_

LCUB Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Monthly Contribution Amount:** \_\_\_\_\_

I, \_\_\_\_\_, understand that the above *monthly contribution amount* will be added to my bill each month until I disconnect service or send written notice that I wish to discontinue contributions, whichever comes first. Written notice, including email address, should be sent to LCUB directly or via LCUB's website at [www.LCUB.com](http://www.LCUB.com). Please mail to:

LCUB Customer Service (Attn: Neighbor Aide Program)  
P.O. Box 449  
Lenoir City, TN 37771

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Month-to-month contributions only can be made via your monthly bill. A space has been made available for you to indicate the amount in the lower left-hand portion of your bill (see below).*

