

Enrollment Form

Yes! I am interested in Edisto Electric Cooperative's Levelized Budget Billing. Please sign me up.

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Edisto Electric Cooperative Account Number _____

Social Security Number _____

Signature _____

You may return this card with your payment, or bring it with you when you visit your district office.