



I want to sign up to have my monthly bill rounded up to the nearest dollar. I know the money will be donated to the Area Youth Benefit Fund to pay medical bills for children 18 years of age and under. I understand that by signing and returning this form, my bill will be rounded up to the nearest dollar and I will remain in the program unless I contact FEC to have that changed.



SIGN
ME
UP!



NAME: _____ Account No. _____
ADDRESS: _____ Account No. _____
CITY: _____ STATE: _____ ZIP: _____
SIGNATURE: _____ DATE: _____

Together, We Have The Power To Make A Difference.