

THIRD PARTY NOTIFICATION MAIL-IN ENROLLMENT FORM

Sign up by printing this enrollment form, filling it out, and mailing it to the following address:

Duke Energy Receivables Management, DT01X 9700 David Taylor Drive Charlotte, NC 28262

Date: _____

Customer Information

First Name:	Middle Initial: Last Name:
Service Address:	
City:	State: Zip:
E-Mail:	
Daytime Phone:	Home Phone:
Duke Energy Account #:	
Third Party Contact Information	
First Name:	_ Middle Initial: Last Name:
Mailing Address:	
City:	State: Zip:
Daytime Phone:	

While Duke Energy will send a copy of the monthly bill to the designated third party, the customer and third party agree that Duke Energy will incur no liability for failure of the third party to receive the requested notifications.