

Welcome to Utilities District of Western Indiana REMC

P.O. Box 427, Bloomfield, IN 47424

(812) 384-4446 or (800) 489-7362

www.udwiremc.com

Dear Valued UDWI REMC Member,

We would like to take this opportunity to thank you for being a UDWI REMC member. We welcome you to visit our website at www.udwiremc.com for information on activities, services, and rebates that are currently being offered. Our website allows you to view and pay your electric bill. A copy of UDWI REMC's privacy policy can also be viewed on our website or by contacting our office directly.

In order to maintain electric service through the pre-connect service program the membership application and this form MUST be signed and returned to our office within 10 days from the date of the application.

Each month, participating members allow their electric bills to be "rounded up" to the next whole dollar. For example, if a member's bill is \$86.57, it will be rounded up to \$87.00. Each member who participates pays less than \$12 annually per meter. The spare change collected through this "rounding up" equals thousands of dollars per month. This money is all put into the Community Fund, and local not-for-profit agencies are encouraged to apply for grants distributed on a quarterly basis.

As members of our communities, we all look for ways that we can contribute and help our communities grow. The UDWI REMC Community Fund offers members an avenue by which they can really make a difference!

TOGETHER we have the POWER to make a real difference in the world around us. We want to express our thanks to you, a valued REMC member, whose faith in your community and your cooperative enables this worthwhile program to support local organizations.

If you do not wish to participate in Operation Round Up, please complete and return this form. You may send it with your payment or drop it off at our office. **If we do not receive this form, you will be automatically enrolled in this voluntary fundraising program.**

PLEASE CHECK ONE

___ I do **not** wish to participate at this time ___ I **do** wish to participate at this time

(Please enter information exactly as it appears on your electric bill.)

Name: _____ REMC Account Number(s): _____
Address: _____
City: _____ Signature: _____
State: _____ Zip: _____ Date: _____