



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.