



## Partners in Hope

Account#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Opt Out:

Customer is not interested in participating in the **Partners in Hope**, round up program.

The customer is aware that opting out of the program makes him/her ineligible for assistance from the program if needed.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

### Opt In:

Customer is interested in participating in the **Partners in Hope** round up program.

The customer is aware that opting into the program makes him/her eligible for assistance through the program 60 days from sign up.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TOK Employee  
Water Department  
401 N Longstreet Street  
Kingstree, SC 29556  
843.355.8153