

## 8. Utilities

**IMPORTANT:** After you complete the forms, ~~print it~~ and store in a safe place in your house.

Today's Date:

### A. CFE Electrical Service *(Note: Attach a copy of CFE bill for each account.)*

**Name on Account (1):** \_\_\_\_\_

**Account Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Payment Method:** Home Mgr. (Name & Phone): \_\_\_\_\_

Auto Pay (Bank & Rep's Name): \_\_\_\_\_

In Person (Address): \_\_\_\_\_

**Notes:**

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**Name on Account (2):** \_\_\_\_\_

**Account Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Payment Method:** Home Mgr. (Name & Phone): \_\_\_\_\_

Auto Pay (Bank & Rep's Name): \_\_\_\_\_

In Person (Address): \_\_\_\_\_

**Notes:**

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**Name on Account (3):** \_\_\_\_\_

**Account Address:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Payment Method:** Home Mgr. (Name & Phone): \_\_\_\_\_

Auto Pay (Bank & Rep's Name): \_\_\_\_\_

In Person (Address): \_\_\_\_\_

**Notes:**

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## 8. Utilities (continued)

**IMPORTANT:** After you complete the form, print it and store it in a safe place in your house.

Today's Date:

### B. Telephone & Internet Accounts *(Note: Attach a copy of each account's bill.)*

Phone Number (1): \_\_\_\_\_ Service Type:  Cell  MX Landline  MX Landline + Internet  VOIP (e.g., Vonage)

Provider (e.g, Telmex): \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Payment Method:  Auto Withdrawal (account type & number): \_\_\_\_\_

Online (URL, username, password): \_\_\_\_\_

Other (e.g., mailed check, in person, bank): \_\_\_\_\_

Notes:

Phone Number (2): \_\_\_\_\_ Service Type:  Cell  MX Landline  MX Landline + Internet  VOIP (e.g., Vonage)

Provider (e.g, Telmex): \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Payment Method:  Auto Withdrawal (account type & number): \_\_\_\_\_

Online (URL, username, password): \_\_\_\_\_

Other (e.g., mailed check, in person, bank): \_\_\_\_\_

Notes:

Phone Number (3): \_\_\_\_\_ Service Type:  Cell  MX Landline  MX Landline + Internet  VOIP (e.g., Vonage)

Provider (e.g, Telmex): \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Payment Method:  Auto Withdrawal (account type & number): \_\_\_\_\_

Online (URL, username, password): \_\_\_\_\_

Other (e.g., mailed check, in person, bank): \_\_\_\_\_

Notes:

## 8. Utilities (continued)

**IMPORTANT:** After you complete the form, print it and store it in a safe place in your house.

Today's Date:

### C. Television, Radio, & Entertainment Service Accounts

(Examples: Dish, Shaw, or Direct TV; TeleCable; SiriusXM Radio)

**Service Provider (1):** \_\_\_\_\_ **Service Type:**  Cable  Satellite Other (specify) \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Service Provider Phone:** \_\_\_\_\_

**Payment Method:**  Auto Withdrawal (account type & number): \_\_\_\_\_  
 Online (URL, username, password): \_\_\_\_\_  
 Other (eg, mailed check, in person) \_\_\_\_\_

**Notes:**

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**Service Provider (2):** \_\_\_\_\_ **Service Type:**  Cable  Satellite Other (specify) \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Service Provider Phone:** \_\_\_\_\_

**Payment Method:**  Auto Withdrawal (account type & number): \_\_\_\_\_  
 Online (URL, username, password): \_\_\_\_\_  
 Other (eg, mailed check, in person) \_\_\_\_\_

**Notes:**

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**Service Provider (3):** \_\_\_\_\_ **Service Type:**  Cable  Satellite Other (specify) \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Service Provider Phone:** \_\_\_\_\_

**Payment Method:**  Auto Withdrawal (account type & number): \_\_\_\_\_  
 Online (URL, username, password): \_\_\_\_\_  
 Other (eg, mailed check, in person) \_\_\_\_\_

**Notes:**