

**SPRING ARBOR TOWNSHIP
P.O. BOX 250
SPRING ARBOR, MI 49283**

E-BILL AUTHORIZATION

CUSTOMER NAME _____
ACCOUNT NUMBER _____
SERVICE ADDRESS _____
EMAIL ADDRESS _____
PHONE NUMBER _____

Please read and acknowledge this important information regarding your statement delivery method.

Terms and Conditions

Please note that by completing this enrollment form, you understand that you also are choosing to no longer receive a Spring Arbor Township utility statement by mail. After your registration you will only receive bills electronically.

If you wish to obtain a paper copy of your statement, it will be mailed to you upon request at no cost. To request a paper copy, contact Spring Arbor Township Office.

You have the right to withdraw your consent at any time at no cost to you by choosing to resume paper delivery of your utility statement. To elect to resume paper delivery of your bill statement, contact Spring Arbor Township Office.

In order to ensure that we are able to provide you with accurate billing information, you must update us with any change in your email address. If the Township emails your statement to the address you provide, and you fail to receive it, you are responsible for all changes on the account by the due date. If payment is received after the due date, penalties will apply. To obtain current account information, contact Spring Arbor Township.

All of your electronic bill statements provided to you in electronic form can be printed or saved electronically to your computer for your records. If you use spam filters for your emails, please add utility-do-not-reply@springarbor.org to your approved senders list.

I have read and understand the Terms and Conditions, and by signing below, I authorize the Township to send utility bills for this account to my email address.

Signature _____ **Date** _____