



## PAPERLESS BILLING AUTHORIZATION

I hereby agree to authorize the Village of Howards Grove to send billing information to my email account and that I understand that I will not receive an actual bill by mail. I will inform the Village of Howards Grove of any changes to my email address and will not hold them responsible if I do not do so.

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

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

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

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

Date: \_\_\_\_\_

