

ELECTRONIC BILLING AUTHORIZATION

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

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

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

I understand that my utility bill for the City of Clarendon will be emailed to me on the first of each month (or the next business day if it falls on a weekend or holiday) and that I will not receive a paper bill in the mail.

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

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

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