

CITY OF PASS CHRISTIAN WATER DEPARTMENT

200 W. SCENIC DRIVE • P.O. BOX 509 PASS CHRISTIAN, MS 39571
PHONE: (228) 452-3312 FAX: (228) 452-9457

E - BILLING AUTHORIZATION

CUSTOMER NAME _____

SERVICE ADDRESS/S _____

ACCOUNT NUMBER/S _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

TERMS & CONDITIONS:

* BY COMPLETING THIS ENROLLMENT FORM, YOU ARE CHOOSING TO RECEIVE YOUR CITY OF PASS CHRISTIAN WATER DEPARTMENT BILLING STATEMENT, AND ANY CUT-OFF NOTICES ELECTRONICALLY AND WILL NOT BE RECEIVING A PRINTED STATEMENT OR NOTICE VIA U.S. MAIL.

* YOU HAVE THE RIGHT TO WITHDRAW YOUR CONSENT AT ANY TIME BY CONTACTING THE WATER DEPARTMENT AT (228)-452-3312 RESUMING PAPER DELIVERY.

* ONCE ENROLLED IN THE ELECTRONIC E-BILL PROGRAM, YOU ARE RESPONSIBLE FOR ENSURING RECEIPT OF THE E-MAIL. THE CITY OF PASS CHRISTIAN WILL EMAIL YOUR STATEMENT TO THE ADDRESS YOU PROVIDE, AND IF YOU FAIL TO RECEIVE IT, YOU ARE STILL RESPONSIBLE FOR ALL CHARGES ON THE ACCOUNT BY THE DUE DATE. IF PAYMENT IS RECEIVED AFTER THE DUE DATE, PENALTIES WILL APPLY.

* FAILURE TO RECEIVE YOUR E-BILL DOES NOT WAIVE LATE FEES/PENALTIES.

* 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. THE CITY OF PASS CHRISTIAN CANNOT ENSURE ELECTRONIC DELIVERY OF YOUR UTILITY BILL.

* ALL ELECTRONIC BILL STATEMENTS CAN BE PRINTED AND SAVED ELECTRONICALLY TO YOUR COMPUTER FOR YOUR RECORDS.

* IF YOU USE SPAM FILTERS FOR EMAILS, PLEASE ADD THE CITY OF PASS CHRISTIAN TO YOUR APPROVED SENDERS LIST: DOCUMENTS@PASS-CHRISTIAN.COM

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS OF ELECTRONIC E-BILLS FROM THE CITY OF PASS CHRISTIAN WATER DEPARTMENT AND BY SIGNING BELOW I AUTHORIZE THE CITY OF PASS CHRISTIAN WATER DEPARTMENT TO SEND UTILITY BILLS FOR THIS ACCOUNT/S TO MY E-MAIL ADDRESS.

SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO: **PASS CHRISTIAN WATER DEPARTMENT**
P.O. Box 509
PASS CHRISTIAN, MS 39571