

Please Print

## RWDonline.net

P.O. Box 8, Springfield, OR 97477 1550 42<sup>nd</sup> Street, Springfield, OR 97477

Phone: 541-746-1676 Fax: 541-747-0845

## PAPERLESS BILLING ENROLLMENT FORM

We are excited to announce that effective January 2016 the Rainbow Water District is *going green!* All you have to do is complete and return this form for quick and easy enrollment in Paperless Billing. Enrolled participants will receive their monthly water bill by e-mail. If you wish to continue receiving your paper bill delivered in the mail, do not complete this form. Enrollment in this program is completely voluntary. If you have multiple properties, you will need to complete a form for each property.

|   | E II No   |       |
|---|---|-------|
|   | Full Name   |       |
|   | Service Address   |       |
|   | Home PhoneCell  | Phone |
|   | E-Mail Address (please print)   |       |
| Please enroll me in the Paperless Billing Program. I understand that my enrollment is strictly voluntary and will remain in effect until I cancel my participation in writing. I understand and agree that: |   |       |
| 1.  | I will no longer receive a paper bill delivered to my home  |       |
| 2.  | <ol> <li>I will receive my monthly bill by e-mail to the e-mail address that I provide. It will be sent on the<br/>same day that the paper bills are mailed at the US Post Office.</li> </ol>   |       |
| 3.  | 3. All related Rainbow Water District policies regarding my due date, late fees and service termination remain in force and are applicable to all customers, regardless of the type of bill received. Failure to receive a paperless bill does not waive the past due penalty. If necessary, an electronic disconnect notice will be sent to the e-mail address that I have provided. |       |
| 4.  | I. I will notify the Rainbow Water District by the 20 <sup>th</sup> calendar day of the month, if my e-mail address changes or I wish to discontinue paperless billing.   |       |
| 5.  | . I will notify the Rainbow office if I have not received my e-mail bill by the 1st of the month.   |       |
| By my signature below, I acknowledge and agree to the above.  |   |       |
| Customer Signature  |   | Date  |
|   |   |       |