

City of Harvard Agreement for Paperless Billing

Customer Name(s)

Service Address (residential only – include city, state and zip)

Mailing Address (include city, state and zip)

Customer Account Number (located on the right side of bill)

Customer Email Address

Contact Phone Number

The authorization is to remain in full force until City of Harvard has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford City of Harvard reasonable opportunity in which to act.

Signature

Date