



Authorization Agreement
For Electronic Billing

Account Holder: _____

Account Number: _____

Email Address: _____

Current Phone Number: _____

This authority is to remain in effect until the City of Springville has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Springville the reasonable opportunity to act on it.

Signature of Account Holder: _____ **Date:** _____

For Office Use Only:

Date Received: _____ Date of first EBill: _____