

**City of Chapman  
E-Billing Authorization**

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

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ I understand that by participating in e-billing, I will **NOT** receive a monthly utility bill in the mail.

\_\_\_\_\_ I understand that it is my responsibility to ensure the email address provided is correct and capable of receiving emails from the City of Chapman.

\_\_\_\_\_ I understand that the City of Chapman is **NOT** responsible if a monthly bill is not received at the above email address and that I am still responsible for the full amount of my utility bill.

\_\_\_\_\_ I understand that it is my responsibility to inform the City of Chapman of any email address changes in writing.

\_\_\_\_\_ I understand that I can cancel e-billing only in writing.

Note: All email address changes and request to cancel e-billing must be submitted to the City of Chapman on or before the 15<sup>th</sup> of each month. Any email address changes or request to cancel e-billing received after the 15<sup>th</sup> of each month will not be processed until the following month.

Signature of Account Holder: \_\_\_\_\_

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

**Office Use Only**

Account Number:

Date Complete in JUS: