



E-mail Billing Application Form

Name: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____

Account Number: _____

E-mail Address: _____

Authorization Agreement for E-mail Billing:

I hereby authorize the Fredericksburg Sewer and Water Authority to electronically email my quarterly bill to the address provided above. I have the right to stop E-mail billing by notifying FSWA. I may elect to discontinue my enrollment in this plan at any time.

Signature: _____

Date: _____

Return signed form to:

Fredericksburg Sewer & Water Authority
PO Box 161
Fredericksburg, PA. 17026

If you should have any questions, please call 717-865-7452.