

CITY OF ST. IGNACE WATER DEPARTMENT  
396 N. STATE STREET  
ST. IGNACE, MI 49781  
Phone: (906) 643-7451 \* Fax: (906) 643-9393 \* Email: [ksimmons@cityofstignace.com](mailto:ksimmons@cityofstignace.com)

## E-Bill Authorization Form

CUSTOMER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please read and acknowledge this important information regarding your statement delivery method.

### **TERMS and CONDITIONS:**

Please note that by completing this enrollment form, you understand that you also are choosing to **NO LONGER** receive a City of St. Ignace utility statement by mail. After your registration you will **ONLY** receive your bills **ELECTRONICALLY**.

If you wish to obtain a paper copy of your statement, it will be mailed to you upon request at no cost. To request a paper copy, please contact the water department.

You have the right to withdraw your consent at any time at no cost to you by choosing to resume paper delivery of your utility statement. To elect to resume paper delivery of your bill statement, please contact the water department.

In order to ensure that we are able to provide you with accurate billing information, you **MUST** update us with any change in your email address. If the City emails your statement to the address you provide, and you fail to receive it, **you are responsible** for all charges on the account by the due date. Electronic bills will be sent the last week of every month. If payment is received after the due date, penalties will apply. To obtain current account information, please contact the water department.

All of your electronic bill statements provided to you in electronic form can be printed or saved electronically to your computer for your records. If you use spam filters for your emails, please add the City of St. Ignace, [ksimmons@cityofstignace.com](mailto:ksimmons@cityofstignace.com), to your approved senders list.

I have read and understand the Terms and Conditions, and by signing below, I authorize the City of St. Ignace to send utility bills for this account to my email address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This form may be submitted by mail, fax or email. See contact information above.  
The City of St. Ignace is an Equal Opportunity Employer and Provider  
TDD (800) 649-3777