

Village of Hainesville e-billing Authorization Agreement

_____._____._____._____._____._____._____._____._____._____._____._____.
Water/Sewer Bill Account Number(s) (total 12 digits)

Name on the bill (Please Print)

Service Address

Email Address

Phone Number

Signature

Date

I/we understand that it is my/our responsibility to pay the utility bill each month and I/we agree to immediately notify the Village if my/our email address or other contact information changes.