

Irondale Water System
5415 Beacon Drive; Suite 123
P O Box 100727
Irondale, Al 35210

ONLINE BILL PRESENTMENT (PAPERLESS BILLING)
REQUEST FORM

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Customer Number: _____

Phone: _____

Email: _____

I, _____ (Utility Customer) authorize the Irondale Water System to initiate Online Bill Presentment (Paperless Billing) services on my behalf. Irondale Water System is not responsible for delivery of any bills rendered by a third-party. Failure to receive the bill does not relieve the customer of payment. This authorization shall remain in effect unless and until the Irondale Water System has received notification from its customer that this authorization has been terminated in such a time and manner to allow the Irondale Water System to act. Undersigned represents and warrants to the Irondale Water System that the person executing this Release is an authorized signatory on the account referenced above and all information regarding the Account and Account Owner is true and correct.

_____/ /
Authorized Signer Date

Print Name and Title

**THIS FORM MAY BE SUBMITTED ONLINE, EMAIL, U.S. MAIL, OR DROPPED OFF AT
THE IRONDALE WATER SYSTEM OFFICE.**