

Lower Providence Township Sewer Authority

20 PARKLANE DRIVE • EAGLEVILLE, PA 19403
(610) 539-6161 FAX (610) 539-4795

PAPERLESS BILLING EMAIL REQUEST FORM

RECEIVE YOUR MONTHLY LOWER PROVIDENCE TOWNSHIP SEWER BILL BY EMAIL

BY COMPLETING THIS PAPERLESS BILLING FORM, THE CUSTOMER AGREES TO HAVE LOWER PROVIDENCE TOWNSHIP SEWER AUTHORITY EMAIL QUARTERLY SEWER BILL(S). CUSTOMER UNDERSTANDS THAT ONLY THE ORIGINAL BILL WILL BE EMAILED AND YOU WILL NOT RECEIVE A PAPER COPY. PAST DUE NOTICES AND/OR SHUT OFF NOTICES WILL NOT BE EMAILED TO YOU, THEY WILL BE SENT IN THE MAIL.

THE CUSTOMER AGREES TO MAINTAIN A VALID EMAIL ADDRESS AND TO NOTIFY LPTSA OF ANY CHANGES. THE ACCURACY OF THAT EMAIL ADDRESS IS ENTIRELY THE RESPONSIBILITY OF THE CUSTOMER. THE CUSTOMER SHALL REMAIN FULLY LIABLE FOR ANY BILLS OF WHICH NOTIFICATION HAS BEEN SENT TO THE PREVIOUS EMAIL ADDRESS.

EMAILED BILLS WILL COME FROM "SEWERBILL@LPTSA.ORG". IF YOU DO NOT RECEIVE AN EMAIL BILL, PLEASE CHECK YOUR SPAM FOLDER.

TO SIGN UP FOR PAPERLESS BILLING: COMPLETE THIS FORM WITH THE REQUESTED INFORMATION AND RETURN IN THE ENVELOPE INCLUDED WITH YOUR BILL OR SCAN AND EMAIL THE FORM TO: PAPERLESS@LPTSA.ORG

**PLEASE PRINT CLEARLY, WE ARE NOT RESPONSIBLE FOR ILLEGIBLE HANDWRITING
OR MISSING INFORMATION. ALL FIELDS ARE REQUIRED.**

ACCOUNT NUMBER: _____

OWNER NAME: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____