

Freedom Sanitary District No. 1

E-Bill Authorization

Customer Name: _____

Account Number: _____

Service Address: _____

Email Address: _____

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

Terms & Conditions:

- By completing this enrollment form, you are choosing to receive your Freedom Sanitary District utility bill electronically and will **not** be receiving a printed statement via US Mail.
- You have the right to withdraw your consent at any time by contacting the Freedom Sanitary District at (920) 788-5763 and resuming paper delivery.
- Once enrolled in the electronic e-bill program, you are responsible for ensuring receipt of the email. The Freedom Sanitary District will email your statement to the address you provide, and if you fail to receive it, you are still responsible for all charges on the account by the due date. If payment is received after the due date, penalties will apply.
- 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.
- All electronic bills can be printed and saved electronically to your computer for your records.
- If you use spam filters for emails, please add the Freedom Sanitary District billing system to your approved senders list: no-reply@ebillwi.com. This is a website owned by our utility billing software and used only to deliver email for our customers.

I have read and understand the Terms and Conditions of electronic e-bills from the Freedom Sanitary District, and by signing below I authorize the Freedom Sanitary District to send utility bills for this account to my email address.

Signature: _____ Date: _____

Return completed form to: Freedom Sanitary District
N4229 Garvey Ave.
Freedom, WI 54130