



The Board Of Public Affairs

**AUTHORIZATION AGREEMENT FOR
E-MAIL BILLING**

CUSTOMER'S NAME _____

CUSTOMER'S BOPA ACCOUNT# _____

I (we) hereby authorize Seville Board of Public Affairs, hereinafter called BOPA, to send my monthly BOPA billing by e-mail. I realize it is my (customer) responsibility to make sure the E-Mail address is current. If for any reason I do not receive my bill, I must contact the BOPA office for the amount due. The bills are always due on the 5th of each month, unless that falls on a weekend or holiday. The normal billing must be mailed from our office by the 20th of each month.

Customer E-Mail address is _____

If you change your e-mail address, or if you do not want to receive your bill by E-Mail, you must fill out a stop Email Billing form as soon as possible.

Name _____ **E-Mail address** _____

Please Print

Service Address _____

Date _____ **Signed** _____

Customer Signature

