



ROANOKE RAPIDS SANITARY DISTRICT



Utility E-Bill Authorization Form

Customer Name _____

Account Number _____

Service Address _____

Email Address _____

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

Terms and Conditions

- By completing this enrollment form, you are choosing to receive your Roanoke Rapids Sanitary District (RRSD) Billing Statement electronically and will **not** be receiving a statement by mail.
- You have the right to withdraw this consent at any time by contacting RRSD.
- Once enrolled in the electronic E-Bill program, you are responsible for ensuring receipt of the email. RRSD will email your statement ready notification and billing reminder 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.
- Failure to notify RRSD of any changes or failure to receive or view the bill does not waive penalties or fees and the account will still be subject for disconnection due to non-payment. While we will make every attempt, RRSD cannot ensure any electronic delivery.
- You must establish an RRSD Online Bill Payment Account to enjoy all the E-Billing benefits such as view and pay your monthly bill on-line, track usage, and accessing account and payment history. RRSD Online Bill Payment will archive up to thirty-six (36) months of electronic billing statements. These billing statements can be printed and saved to your computer for your records.
- If you use Spam filters for emails, please add the RRSD email address to your approved senders list, donotreply@logicssolutions.com.

I have read and understand the Terms and Conditions, and by signing below, I authorize RRSD to send utility bills for this account to my email address provided above.

Signature _____ Date _____

Return completed form to: Roanoke Rapids Sanitary District
Billing Clerk
Post Office Box 308
Roanoke Rapids, NC 27870