



Algona Municipal Utilities

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Paperless Billing Enrollment

_____ Communication(cable, internet, telephone) _____ Utilities (electric, water, sewer)

Name _____

Service Address _____

Billing Address, if different _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please enroll me in the Paperless Billing Program. I understand that my enrollment is strictly voluntary and will remain in effect until I cancel my participation in writing. I understand and agree to the following:

1. I will no longer receive a paper bill delivered to my home by the U.S. Post Office.
2. I will receive my monthly AMU bills in the electronic mail inbox address that I list below. The Communications bill will be sent on or before the 15th of every month as long as I am enrolled in the program, and the Utility bill will be sent on or before the _____ of the month.
3. All related AMU policies regarding my due date, late penalties and service termination remain in force and are applicable to all customers, regardless of the type of bill received. Failure to receive a paperless bill does not waive past due penalty.
4. I will notify AMU immediately if my e-mail address changes or I wish to discontinue paperless billing.

By my signature below, I acknowledge and agree to the above.

Please send my monthly bill to this e-mail address (please print):

Signature _____ Date _____

Communications Account Number _____

Utilities Account Number _____

I wish to discontinue Paperless Billing

Signature _____ Date _____