

## Enrollment Form: Receive Bills via Email

Name(s) on Account:	
Service Address:	
Telephone Number:	
Email Address:	
Account Number:	
By completing this enrollment for	rm, you are choosing to receive your East Windsor Municipal Utility
Authority (EWMUA) billing statem Mail	nents via email and will not be receiving printed statements via U.S.
You have the ability to withdraw	your consent at any time by contacting EWMUA at 609-443-6000
<ul> <li>The EWMUA will email your state</li> </ul>	ment to the email address you provide
<ul> <li>You may also view your utility bil</li> <li>View Bill or Pay Online)</li> </ul>	ll online at <a href="https://eastwindsormua.com/">https://eastwindsormua.com/</a> (Billing > Pay Your Bill >
<ul> <li>In order to ensure that we are ab update us with any change in you</li> </ul>	ole to provide you with accurate billing information, you must
<ul> <li>All bill statements received via e your records</li> </ul>	mail can be printed and saved electronically to your computer for
·	, please add <u>noreply@eastwindsormua.com</u> to your approved senders
By signing below, I authorize the EWMUA	A to send utility bills for this account to my email address.
Signature:	Date:
Please mail the completed form to:	EWMUA
	7 Wiltshire Dr
	East Windsor, NJ 08520

Please email the completed form to: <a href="mailto:office@eastwindsormua.com">office@eastwindsormua.com</a>

OR