Utility Electronic Billing Application

Name: _____

Civic Address: _____

Home/Cell Phone: _____

Utility Account Number: _____

E-mail Address: _____

I wish to receive my utility bill via email ☐ Yes ☐ No

I understand I will not receive a paper bill ☐ Yes ☐ No

FOIP Statement

Personal Information collected through this form will be used for the sole purpose of processing the Electronic Utility Bill Application with the Town of Castor. This personal information is collected under the authority of Section 33© of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is protected under the FOIP Act. If you have any questions or concerns regarding the collection and use of this information, please contact the Town of Castor at 403-882-3215.

Authorization to setup E-Billing.

By signing this agreement, you acknowledge that the Town of Castor will send future bills to the email address provided. Hard copies of the utility bills will not be sent through Canada Post. **Non-receipt is not justification for late payment and penalties will not be waived as a result.** To cancel your participation in the e-billing program or to update your email address, an email must be sent to billie@townofcastor.ca.

_____ _____

Signature of Utility Customer Date