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e-Billing Changes

e-Billing Changes Application/Agreement

This program provides options to edit existing e-billing accounts for tax bills and water/sewer bills.

Are you editing your e-billing for Tax, Water/Sewer or both? ☐ Tax	(Select all that apply) * ☐ Water/Sewer
How many Property Tax accounts are you editing for e-billing? *	
Roll Number(s): *	
How many Water/Sewer accounts are you editing for e-billing?*	
Water/Sewer Account Number(s): *	
Name(s) on Account: *	
New e-mail account that your bills will be sent to: *	Phone Number: *

Street Address: *	City: *
Postal Code: *	Province: *
Declaration	
 I declare I am the account holder or representative authorized to make this change. I agree that by submitting this form I will no longer receive paper bills in the mail. All subsequent bills including any collection notices will be directed electronically to the specified email address. I agree that I am responsible to inform the Municipality of any standard mailing address change or email address change. 	
 I acknowledge that receipt of bills by email does not cha account balances are paid. I have added the Municipality of Port Hope to my email's 	nge billing cycles, due dates or my responsibility to ensure safe/contact list
By checking this box I declare that all the information	Date: *

Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended. Inquiries about the collection of personal information should be directed to

above is to the best of my knowledge correct, and

agree to any terms or conditions stipulated: *

☐ I agree

the Municipal Clerk.