

**CITY OF IDA GROVE AUTHORIZATION AGREEMENT FOR
EMAIL BILLING**



Customer Name _____

Customer Address _____

Cell/Home # _____

Utility Account # _____

Email _____

I hereby authorize the City of Ida Grove to send my monthly utility bill by electronic means.

SIGNATURE _____ DATE _____

This authorization is to remain in full force and effect until the City of Ida Grove has received written notification of its termination and/or modification.