

LONG BRANCH SEWERAGE AUTHORITY

E-BILL AUTHORIZATION FORM

I authorize the Long Branch Sewerage Authority to send electronic bills **ONLY**. I understand that I will **NOT** receive a physical copy to my billing address on file.

Customer Name (as it appears on your bill): _____

Service Address: _____

Long Branch Sewerage Authority Account #: _____

Email (please print): _____

Account holder signature _____

Please print name: _____

Date: _____ Phone # _____

COMPLETE THIS FORM AND EMAIL TO: OFFICE@LBSA.NET