



Columbia Power & Water Systems
931-388-4833 www.cpws.com

Authorization to Email CPWS Monthly Bill

Customer Name(s): _____

(Must match the name on CPWS account)

Service Address(es): _____

CPWS Account Number(s): _____

Email Address(es): _____

(Bill may be sent to up to 3 email addresses).

I (we) elect to receive the above listed CPWS bill(s) by email to the above listed email address(es). I (we) understand that by signing this agreement, CPWS will discontinue mailing paper bills for the above listed accounts. I (we) understand that failure to receive the CPWS bills listed above by email does not relieve me (us) from the payment obligation. CPWS will not confirm delivery or receipt of bills emailed.

Signature: _____

Date: _____

Print Name: _____

Phone Number: _____