



285 Gray Road Kelowna BC, V1X 1W8 Office: (250) 765-5169 Fax: (250) 765-0277

www.bmid.ca

Please complete the E-Bill agreement below. <u>Important</u>: This form must be signed by the property owner.

I/We authorize Black Mountain Irrigation District (BMID) to send an email transmission to the email account provided and that I understand I will no longer be receiving copies of paper bills.

This authority is to remain in effect until BMID has received written notification from me/us of its change or termination. This complete form must be received at least ten (10) business days before the next billing is scheduled at the address provided above or emailed to **info@bmid.ca**. Please call the office for billing dates.

Owner name(s)):	
Address:		
City:	Province:	Postal Code:
Account #'s U	B(Note: Irrigation Tax Bills car	Phone #nnot be emailed at this time)
EMAIL ADD	RESS (print):	
Do r	not use Hotmail addresses, as they are	e not accepted by our Network Firewall
Authorization	of E-Bill (please check all that apply)
	I want to receive my Quarterly Dom periods are March, June, September, a	estic water bill(s) by email. I understand billing and December of each year.
	I would like to cancel my e-bill and r	eceive paper bills.
for such errors	or omissions. If there is a problem with	or error free and the District does not accept liability th the email transmission of the bills, the onus is still ayments reach the office on or before the due date.
	*	ig to reach a customer or anyone else in a timely rict if there is any change to your email address.
Authorized Sig	gnature:	Date:
Authorized Na	me:Print Name	