|  |  |  |  |
| --- | --- | --- | --- |
|   |   |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| NAME |  | ACCOUNT # |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ADDRESS |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| EMAIL ADDRESS |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| SIGNATURE |  |  |  | DATE |
|  |  |  |  |  |
|  |  |  |  |  |
| By signing/initialing you agree to paperless billing and that  |
| in the event you change or cancel your email you  |
| will call with updated information |  |

You can save this form and email it to pwsd4hallsville@gmail.com

Thank you,

PWSD4