



Town of St. Marys Invoice Email Authorization Form

Please complete this form to authorize delivery of invoices and statements by email.

This form is issued by the Town of St. Marys and applies only to invoices and statements related to accounts with the Town of St. Marys.

Company Name: _____

Email Address for Invoices and Statements: _____

By signing this form we understand and agree with all of the following:

1. Applicants are responsible for checking this email account for invoices and statements sent electronically.
2. Failure to receive invoices or statements (for example, if a mailbox is full) does not excuse the applicant from the responsibility of payment or relieve the applicant from interest on overdue accounts.
3. Applicants are responsible for advising the Town of St. Marys, in writing, of any changes required including Applicant information, account information, or cancellation of the e-billing.
4. Applicants will no longer receive hard-copy invoices and statements in the mail.
5. Personal information on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c.25*, (as amended), and will be used for contact and billing purposes by the Town of St. Marys. Inquiries about this collection should be directed to the Clerk, 175 Queen St. E., St. Marys clerksoffice@town.stmarys.on.ca

Print Name: _____ **Title:** _____

Authorizing Signature: _____ **Date:** _____

Once completed, please email this form to ar@town.stmarys.on.ca or send via mail to the address listed below.

TOWN OF ST. MARYS
P.O. Box 998, St. Marys, ON. N4X 1B6

Telephone: 519-284-2340 • Fax: 519-284-3881