

## **E-mail Billing Agreement**

	Date:	<del></del>						
	Yes! I would like to save time, a	and the environn	nent, with th	ie monthl	y e-mail b	illing serv	rice.	
	REA account number(s):	1		-				
		2		-				
		3		-				
	Member name:							
	E-mail address:							
	Mailing address:			-				
	City/Province:			_				
	Postal code:							
	Phone: (Home)	(Busi	ness)			_		
EQUS t	urity purposes, once EQUS has in a you, verifying that we have the your monthly utility bill will be e	e correct informa	ation on file.	Once ver				
	<b>note:</b> You should receive your ummediately so that a copy of yo	•			th. If you	do not, pl	lease contact	the
I/We h	ereby request EQUS to e-mail m	e/us our monthl	y utility bill.					
Signatu	ire		Second sign	nature, if	applicable	<u> </u>		