



ROSTRAVER TOWNSHIP SEWAGE AUTHORITY

1744 Rostraver Road, Belle Vernon, PA 15012 (724) 930-7667, FAX (724) 930-9401
(An Equal Opportunity Employer and Provider)

EMAIL AUTHORIZATION FORM

By signing this document, I agree to have Rostraver Township Sewage Authority email monthly sewage bill(s). I understand that I will no longer receive a printed sewage bill and that I will not receive one until submitting a written request to the Authority to receive printed sewage bills again. I also understand that the sewage bill and any attachments will be in PDF form. Once this completed form is returned to the Rostraver Township Sewage Authority, an online account will be created and an email will be sent to the Account Holder (Customer) with a password.

Account Holder (Customer) agrees to maintain a valid email account and to notify the Rostraver Township Sewage Authority of any changes in such account. The accuracy of that e-mail address is entirely Account Holder (Customer's) responsibility. Should that e-mail account ever become invalid or should Account Holder (Customer) requests that the sewage bill be sent to a different e-mail account, it shall be Account Holder's (Customer's) responsibility to notify Rostraver Township Sewage Authority in writing of such change. Account Holder (Customer) shall remain fully liable for any bills of which notification has been sent to Account Holder's (Customer's) previous e-mail address.

This form must be returned to Rostraver Township Sewage Authority, 1744 Rostraver Road, Belle Vernon PA 15012; please do not send with sewage bill payment that goes to the PO Box as this will delay set up of paperless billing.

Name on Account _____

Service Address: _____

RTSA Acct. No.: _____

Email Address: _____

Phone Number: _____

Cell Phone Number: _____

Date: _____

Signature: _____

**Email bills will come from "rostraversewage.com". If you do not receive an email bill, please check your SPAM folder to see if it was filtered there.