



THE CITY OF SPRINGFIELD IS GOING PAPERLESS

Effective 1/1/2025 accounts that are not enrolled in paperless billing will be subject to a \$3 Monthly Paper Bill Fee.

DID YOU KNOW?

You can now enroll in AUTO-PAY through the online payment portal at:

<https://springfieldga.org/pay-my-bill/>

Print Name: _____ Utility Account: _____
Service Address: _____
E-Mail: _____ DOB: _____
Home Phone: _____ Cell Phone _____

E-BILL OPT-IN – TO AVOID PAPER BILL FEE

I understand and acknowledge I have read this form in its entirety, I wish to enroll in E-Billing, and that I will not receive a paper bill. It is possible that the E-Bill will be filtered to your junk folder. Check the junk folder if you do not see your E-Bill. If you do not receive an E-Bill by the 5th of each month, you should notify City Hall. **Failure to receive an E-Bill does not excuse non-payment or penalties and you should always contact City Hall prior to the 10th of each month if you have any issues receiving or paying your bill.**

E-Mail: _____

E-BILL OPT-OUT – AGREE TO PAY \$3 MONTHLY PAPER BILL FEE

I understand and acknowledge I have read this form in its entirety, I DO NOT wish to enroll in E-Billing, and **agree to pay an additional \$3.00 monthly paper bill fee** to receive a paper bill. **Failure to receive a paper bill does not excuse non-payment or penalties and you should always contact City Hall prior to the 10th of each month if you have any issues receiving or paying your bill.**

E-BILL OPT-OUT – SENIOR PAPER BILL FEE EXEMPTION

I understand and acknowledge I have read this form in its entirety, I DO NOT wish to enroll in E-Billing, and wish to receive a paper bill. **Failure to receive a paper bill does not excuse non-payment or penalties and you should always contact City Hall prior to the 10th of each month if you have any issues receiving or paying your bill.** **YOU MUST BE BORN ON OR BEFORE 1/1/1965 TO BE ELIGIBLE FOR THE SENIOR PAPER BILL FEE EXEMPTION AND ATTACH A COPY OF YOUR DRIVERS LICENSE OR ID MUST BE PROVIDED.**

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO BILLING@SPRINGFIELDGA.ORG TO ENSURE YOUR SELECTION IS UPDATED FOR THE 2025 BILLING YEAR

