

*Town of Hayden
Water Department
Post Office Box 493
5030 State Highway 160
Hayden, Alabama 35079
205-543-6882
townofhaydenal@bellsouth.net*

The Town of Hayden Water Department is now offering an E-mail Billing Option for our customers. Customers may now choose to receive either a postcard bill via the U S Postal Service or and E-mail bill. Customers who choose this new delivery option must complete the following information and sign stating you have read and agree with the E-mail billing policy.

E-MAIL BILLING OPTION

PLEASE PRINT CLEARLY ALL REQUESTED INFORMATION

Name on account: _____

Account number(s): _____

E-mail address: _____

Upon receipt of this request to enroll in E-mail billing, the Town of Hayden Water Department will send a test E-mail to the address given. You must reply to the E-mail indicating your receipt. It will be the customer's responsibility to notify the Town of Hayden Water Department of any changes to your E-mail address. After two failed attempts to deliver electronically, your account will revert to a postcard bill. Customer should notify the Town of Hayden Water Department if he/she does not receive a bill via E-mail. Failure to receive a bill does not negate the customer's responsibility to pay any and all amount due each month. Due date is the 21st of the month. If payment is not received by the 21st, a penalty of 10% plus tax will be added to gross receipts. Past due amounts are subject to disconnection if not paid immediately. All other charges are due by due date. Water service will be discontinued if payment is not received. A \$75.00 fee will be charged and bill must be PAID IN FULL before service is resumed. Reconnection time is between 8:00am and 3:00pm only Monday through Friday. No reconnections will occur on weekends or holidays. No second notice will be sent.

Payment options include cash, check, money order, debit/credit card or online at www.townofhayden.com. Please note an additional fee is imposed on all debit/credit card transactions.

I have reviewed and agree with the above information and wish to enroll in the Town of Hayden Water Department E-mail billing option.

Signature of customer: _____ Date: _____

Printed name of customer: _____

Daytime phone number: _____