



Paperless Billing

Account number _____

This form indicates your consent to accept electronic delivery of your bill to the email address provided. This form also indicates your consent to electronic delivery of all legally required notices or other information or communications concerning your account and services to the same email address. We may deliver your bill, notices, or other information and communications either electronically or as a printed paper copy through mail or other non-electronic delivery. If you would like to withdraw your consent to electronic delivery at any time and exclusively receive a paper copy of your bill, notices, or other information and communications through mail, please email info@cascadecomm.com or call our office at 563-852-3710.

** When you sign up for paperless billing, it may take 1-2 bill cycles to become effective.

Name on Account _____

Email Address: _____

Signature: _____

Date: _____