



P.O. Box 271, Delhi, New York 13753 :: 607-746-1500

### eBill Enrollment Form

Thank you for your interest in Delhi Telephone Company’s eBill program. Please carefully read, complete and sign the Enrollment Form. Return the completed Enrollment Form by mail to: Delhi Telephone Company, PO Box 271, Delhi, NY 13753 or deliver to our Business Office at 107 Main Street, Delhi, NY 13753

I, the customer identified below authorize Delhi Telephone Company to enroll me in DTC’s eBill program. I understand my paper billing statement will be suppressed and I must access [www.delhitel.com](http://www.delhitel.com) to view my monthly billing statement information or to download a copy of my Delhi Telephone Company bill. I have provided in the space below an email address that DTC can use to notify me when my monthly billing statement is available for viewing on-line. I understand I can cancel my participation in DTC’s eBill program at any time on notice to DTC. There will be no change in the billing cycle or due date of my Delhi Telephone Company bill.

DTC Account Information	Customer Contact Information
<b>Customer Name:</b> (as it appears on your DTC bill)	<b>Contact Name:</b>
<b>DTC Phone Number:</b>	<b>Contact Number:</b>
<b>Service Address:</b>	<b>Email Address:</b>
<b>Request Type</b> (Check One) New Enrollment                  Cancel eBill	<b>Billing Address:</b>
<b>Username:</b>	<b>Password:</b>

By my signature below, I acknowledge receipt of the Terms & Conditions attached to this form. I understand, acknowledge and agree to the terms and conditions attached and I authorize all of the above.

**Customer’s Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_