



**AUTHORIZATION FOR  
EMAILED BILL**

I hereby authorize State Telephone Company to send me an Electronic Bill (Email) in place of my regular mailed bill I receive from State Telephone each month.

**Name on Account**

**Phone # or Internet Account #**

\_\_\_\_\_

\_\_\_\_\_

(Please Print)

**Email Address**

\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please Return this form to the Business Office:

**State Telephone Company  
Attn: Electronic Payment  
46 Reed Street/P.O. Box 159  
Coxsackie, NY 12051**