



L.V.I.M Paperless Billing Enrollment

Yes, I \_\_\_\_\_ would like to enroll in paperless billing.

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

I understand that all future invoices and/or statements will be emailed\*\* by [LVIM@lakengrenpoa.net](mailto:LVIM@lakengrenpoa.net) to the designated email(s) listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Lot # \_\_\_\_\_

\*\* LPOA/LVIM is not responsible for undeliverable or spammed emails.

\*\* If the emails listed above change at any time – please notify the office immediately at 937/456-3173 or by email to [LVIM@lakengrenpoa.net](mailto:LVIM@lakengrenpoa.net) .