

“PAPER STATEMENT REQUEST” FORM

Date of Request: _____

Student ID: _____

Last Name: _____ First Name: _____ Middle Initial: _____

REQUEST TO RECEIVE PAPER STATEMENTS:

____ I would like to receive a paper bill each month.

IMPORTANT INFORMATION:

- I am aware a monthly statement will be sent to my current billing address on record.
- I am aware I will need to complete this form each academic year.
- I am aware monthly paper statements cannot be mailed to alternate payers.
- I am aware monthly paper statements will be sent every 28 days regardless of balance.

REQUEST **TO RECEIVE “EBILL NOTIFICATION”** AND DISCONTINUE PAPER STATEMENTS

____ I WOULD LIKE TO “HELP THE ENVIRONMENT”. **PLEASE DISCONTINUE PAPER STATEMENTS and forward an “email notification” when my statement is ready for viewing.** I understand I will receive an ID and password at my RWU email address. Once this information is received I may sign up any alternate payers by going to:

<http://www.rwu.edu/about/administration/bursar/ebilling/>

1. View ebill 2. Login 3. My profile 4. Shared access 5. Add shared access.

Student Name Printed:

Student’s Signature:
