

eBill Information Request Form

Please complete this form if you require copies of historical bills and/or bill history from eBill and post to: eBill People, New Zealand Post, Private Bag 3990, Wellington

Details you registered with eBill:

Consumer ID _____
First Name _____ Surname _____
Address _____

Home Phone _____ Mobile Phone _____
Email Address _____

Current details if different from above:

First Name _____ Surname _____
Address (that you would like to receive requested information to) _____

Home Phone _____ Mobile Phone _____
Email Address _____

Billers Details that you would like information on:

1 Biller Name _____
Biller Account Number _____
2 Biller Name _____
Biller Account Number _____
3 Biller Name _____
Biller Account Number _____
4 Biller Name _____
Biller Account Number _____

Further Comments or Information Required:

Declaration

I _____ declare that I have authority to request this information from eBill at New Zealand Post.

Signature _____ Date _____