

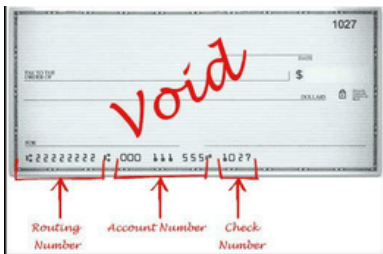
Iowa Lakes Regional Water
Authorization Agreement for ACH Program
Please return this form to ILRW (ACH-automated clearing house)

CUSTOMER INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
ILRW Account Number: _____ Reference Number: _____

FINANCIAL INFORMATION

Name of Financial Institution _____
Address of Financial Institution: _____
Type of Account : Savings Checking
Bank Routing Number: _____
Bank Account Number: _____



For verification purposes, a voided check must accompany this agreement

Methods of sending this agreement to ILRW:

Print & Mail

Address to:
Iowa Lakes Regional Water
Attn: Member Services Dept.
P.O. Box 555
Spencer, IA 51301

E-mail

Scan as a PDF or JPG and
attached to an email to:
member.services@ilrw.org

Fax

To: 712-262-8241
Attn: Member Services Dept.

I, _____, authorize Iowa Lakes Regional Water, under the terms of the ACH agreement, to collect payment of my bill from the above financial institution until such a time as I cancel this agreement and/or the bank account is discontinued.

I understand adequate account balances must be maintained by me for debit on the specified date of each month that is printed on my utility statement. If not, a late fee will be charged to my account and could lead to additional non-sufficient fees and/or disconnection of service.

Customer Signature _____

If you have any further questions, please call our office at 712-262-8847

ILRW ACH Program

To sign up for the ACH program, this form must be completed and returned with a voided check or deposit slip from your associated checking or savings bank account.

Members enrolled in this program will continue to receive a monthly statement, which will reflect AUTO PAY on the billing statement. All members will have ample time to review the statement and usage, plan for the automatic payment, or contact ILRW if there is a question about the bill. On the specified date of each month, the payment will be deducted from the bank account. If the due date falls on a weekend or holiday, the account will be debited on the next business day.

What your bill will look like once your ACH is processed!

Iowa Lakes REGIONAL WATER
PO Box 555 - Spencer, IA 51301

Office Hours:
8:00 AM to 4:00 PM
Monday Thru Friday
(712) 262-8847
Visit our website at www.ilrw.org

Account Name
Account Address
City, State, Zip

Account #: Monthly Billing Date Printed: 03/01/22

FOR EMERGENCY AFTER HOURS ASSISTANCE CALL: (712) 262-8847
For water emergencies between the hours of 4:00 PM and 8:00 AM on weekdays and anytime on Saturday, Sunday or holidays, please call 712-262-8847 to access ILRW's emergency information.

Reading Date	New Reading	Old Reading	Gallons Used (in Thousands)	Water Charge	Water Service Line Protection Plan	Sewer Charges	Garbage	Total Charges
02/23/22	469	469	0	54.59	4.90	0.00	0.00	\$ 59.49
				WET/Sales Tax	3.57	0.00		\$ 3.57

Previous Balance \$ 0.00
Balance Due \$ 63.06
AUTO PAY 03/21/2022 \$

Please detach and return lower portion with your payment - Retain upper portion for your records

Monthly Billing Statement For:
Account Name:
Service Address:
Reference #

Barcode: *4081000*

express BILL PAY

Date Printed: 03/01/22

Remittance Information:
Account:
Balance Due: 63.06
Balance Due After 03/21/22: AUTO PAY
Amount Enclosed:

Remit To:
AUTO PAY 03/21/2022

IMPORTANT - If your address or phone number have changed, please update information on the back of this remittance slip.

Availability of Funds

Members are responsible for having enough money in the indicated account on the payment due date. If the transaction cannot be processed for any reason, a past due notice will then be mailed and the payment must be made to ILRW office. Members are responsible for all fees charged, should payment be returned for any non-payment reason. These fees may include late charges and non-payment fees. The automatic withdraw may be canceled if two payments are returned in a six-month period for non-payment.

Record of Payment

The amount and date of your automatic payment will be shown on the regular bank statement, which is the proof of payment. If the amount differs from the bill, the member must notify Iowa Lakes Regional Water and the financial institution within 24 hours of the date on which the error first reflected.

Stop Payments

A member must always advise Iowa Lakes Regional Water first of any request to stop payment. A member may stop payment by notifying their financial institution at least three days prior to the payment due date. However, when stop payment on a check is requested, the member is responsible for any charges that may occur.

Account Change

To ensure timely payment, the member must notify Iowa Lakes Regional Water of any account changes and submit a new application when an account change occurs.

Customer Termination

This authorization will remain in effect until Iowa Lakes Regional Water receives notice from a member ten (10) days prior to the cancellation date or until service has been terminated and the final bill is paid in full.

Program Termination

This program will remain in effect until Iowa Lakes Regional Water sends written notice to a member thirty (30) days prior to the termination date.