# Iowa Lakes Regional Water

## Automatic Payment Withdrawal Authorization Form

**FREE ACH PROGRAM**

**CUSTOMER INFORMATION**

Name:_____

Address:_____

City, State, Zip:_____

Phone Number:_____

ILRW Account Number:_____ Reference Number:_____

Email:_____ ☐ **Paperless Billing (Check Box)**

**FINANCIAL INFORMATION**

Bank Name:_____

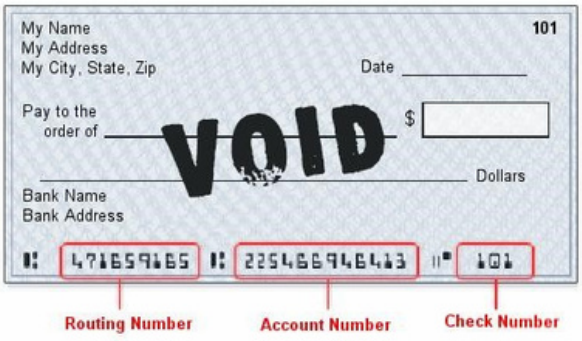
Bank Address:_____

Type of Account:

- ☐ Savings
- ☐ Checking

Bank Routing Number:_____

Bank Account Number:_____




***For verification purposes, a voided check must accompany this agreement.***

**Methods to return this agreement to ILRW:**

**Print & Mail**
Address to:
Iowa Lakes Regional Water
Attention: Member Services
PO Box 555
Spencer, IA 51301

**E-mail**
Scan as a PDF or JPG
Attach and email to:
member.services @ilrw.org

**Fax**
To: 712-262-8241
Attention: Member Services

I, _____, authorize Iowa Lakes Regional Water, under the terms of the ACH agreement, to collect payment of my bill from the above-mentioned 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 fund fees, cancellation of the ACH program, and/or disconnection of service.

***Customer Signature:***_____ ***Date:***_____

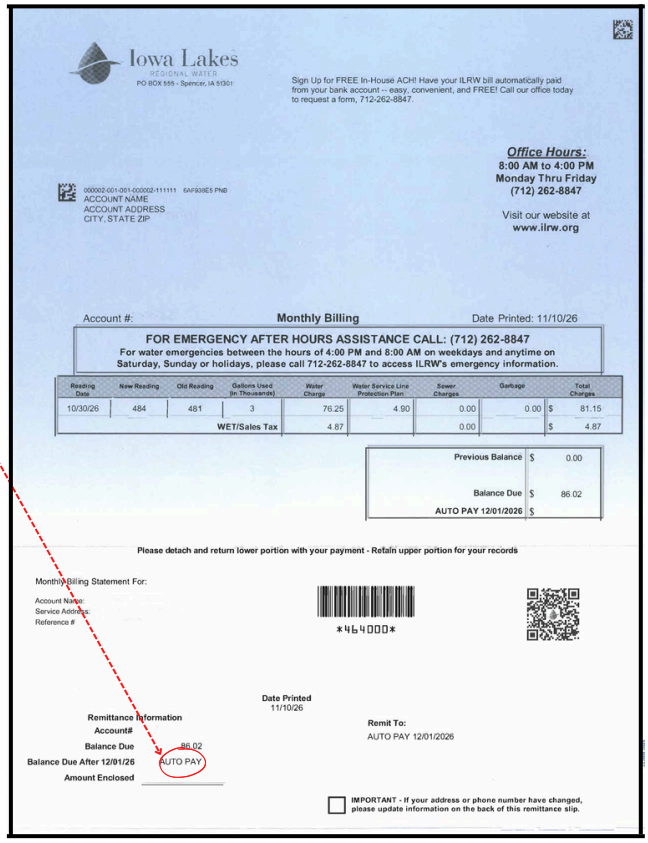
*If you have any further questions, please contact our office at 712-262-8847*

# ILRW ACH Program

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

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's 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.



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

Sign Up for FREE In-House ACH! Have your ILRW bill automatically paid from your bank account -- easy, convenient, and FREE! Call our office today to request a form, 712-262-8847.

**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: 11/10/26

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 |
|---|---|---|---|---|---|---|---|---|
| 10/30/26 | 484 | 481 | 3 | 76.25 | 4.90 | 0.00 | 0.00 | $ 81.15 |
| | | | WET/Sales Tax | 4.87 | | 0.00 | | $ 4.87 |

| | |
|---|---|
| Previous Balance | $ 0.00 |
| Balance Due | $ 86.02 |
| AUTO PAY 12/01/2026 | $ |

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

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

*464000*

Date Printed
11/10/26

Remit To:
AUTO PAY 12/01/2026

Remittance Information
Account#
Balance Due 86.02
Balance Due After 12/01/26 AUTO PAY
Amount Enclosed

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.