

**Authorization form for a re-occurring payment from a
Checking or Savings account**

11 Digit SIRWA Account #: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Sign up for email billing? YES NO



1391 190th St.
PO Box 407
Creston, IA 50801
641-782-5744
www.sirwa.org

Bank Name: _____

Bank Address _____

Bank Phone Number: _____

Account Number: _____

Routing Number: _____

Date to begin draft: _____

Signature: _____ Date: _____

By signing this form, I understand:

- SIRWA will draft the total amount due on my account every month on the specified due date on my bill or closest business day following.
- It is my responsibility to communicate, in writing, any changes to my account information.
- SIRWA is not required to notify me of a declined account and can charge my account a return item fee if the account is declined for any reason.
- If my bank account is declined for any reason my account will be removed from the automatic payment program until I contact SIRWA to resolve the issue.
- Any payments received in our office at least two days prior to the draft date will reduce or cancel the draft from my account for the month the payment was received.

***PLEASE ATTACH A VOIDED CHECK TO ENSURE PROPER BANK ACCOUNT &
ROUTING NUMBERS!**