

## 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



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PO Box 407  
Creston, IA 50801  
641-782-5744  
[www.sirwa.org](http://www.sirwa.org)

Bank Name: \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

☐ Checking ☐ Savings

☐ Personal Account ☐ Business Account

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!**