



**REGIONAL WATER RURAL WATER ASSOCIATION**

**MONTHLY AUTO-PAY PLAN  
REQUEST / AUTHORIZATION FORM**

I hereby request and authorize Regional Water to initiate charges to my account, which is identified below. In addition, I hereby authorize the listed financial institution to make the requested payments in accordance with the "Auto-Pay Plan"..

This Authorization shall remain in effect until Regional Water has received written notification from the authorized parties to terminate this payment arrangement and has had a reasonable opportunity to act upon it.

I hereby agree that I am obligated to pay for utility services and insufficient funds charges in the event that a charge to my account is dishonored for whatever reason, and acknowledge that Regional Water shall retain its normal collection rights, under law.

Customer Name: \_\_\_\_\_  
 Regional Water Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

REGIONAL WATER  
 108 HIGHWAY 59  
 AVOCA, IOWA 51521

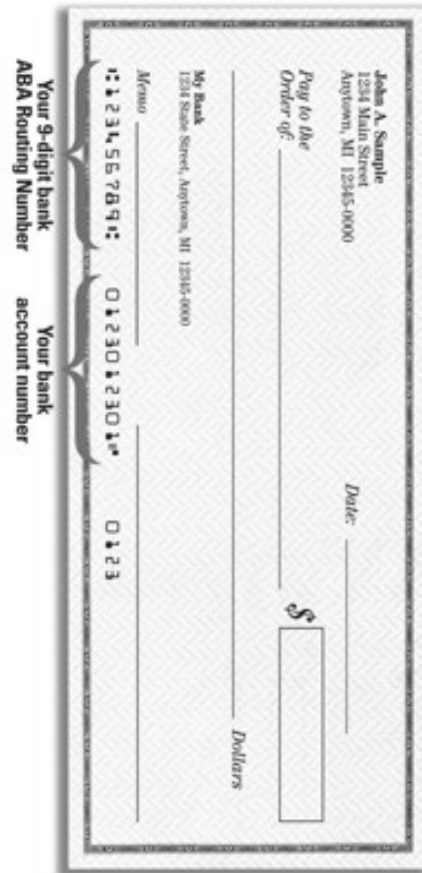
Have Questions Or Need Assistance With This Form?  
 Call Us At (712) 343-2413 Or Toll Free At (888) 257-4886

Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Checking— Attach a voided check over sample check
- Savings

ABA Routing #: \_\_\_\_\_  
 Account#: \_\_\_\_\_  
 Customer Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Attach a Voided Check Over The Picture Above



**PLEASE DO NOT ATTACH A DEPOSIT SLIP!  
 Please Use Tape and DO NOT STAPLE**