



PO Box 538  
534 Shaul Avenue  
Ottumwa IA 52501  
1-800-906-8388 | 641-682-8351

I authorize WRWA to initiate withdrawals from my account at the financial institution named in this application for payment of my WRWA monthly bills. This authorization will remain valid until I, WRWA or my financial institution revokes it.

I can suspend payment of a monthly bill by notifying WRWA three business days before the payment is scheduled to be deducted from my account. I understand that three or more suspensions in a 12 month period will result in cancellation of my participation in the Direct Payment program. I understand that the Direct Payment program is an alternative method of payment only and does not affect my rights or the rights of WRWA or my financial institution with respect to each other. I further understand that WRWA and my financial institution reserve that right to terminate the Direct Payment plan and /or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying WRWA.

---

Authorized Account Holder Signature Date

---

Joint Account Holder Signature Date

---

WRWA Account Number

ATTACH VOIDED  
CHECK HERE

For Office Use Only

☐

Entered

☐

Pre-note