

Ames Lake Water Association (ALWA)

ELECTRONIC BILL PRESENTMENT PROGRAM ENROLLMENT FORM

PURPOSE: Use this form to enroll your ALWA account(s) in the ALWA's electronic bill presentment.
PLEASE MAKE A COPY THIS FORM FOR YOUR RECORDS BEFORE MAILING TO THE ALWA.

Name(s) of ALWA Member(s): _____
NOTE: If you have a joint ALWA account, list the names of both ALWA Members.

Service ID number(s): _____
NOTE: If you want to enroll more than one ALWA account, list each service ID number.

Service address(es): _____

Daytime telephone: _____

E-mail address: _____

By signing this form, I/we opt into in the Ames Lake Water Association's electronic bill presentment program.

I/we understand that after enrollment I/we will receive my/our monthly water bill in Adobe© format on the ALWA's secure Web-based portal and that the ALWA will discontinue sending my/our water bill by regular mail.

I/we also understand that I/we will be responsible for logging into the portal each month to review and/or download my/our bill and that I/we will be responsible for paying my bill by the due date shown on my monthly billing statement.

I/we understand that I/we can opt out of this program at any time by writing to the address shown below.

**SIGNATURE(S) OF
ALWA MEMBER(S):** _____

DATE: _____

INSTRUCTIONS:

- Sign and date this form.
- Make a copy of this entire form for your records and return it to:

**AMES LAKE WATER ASSOCIATION
PO BOX 691
FALL CITY WA 98024-0691**

- If you have any questions, please call the ALWA office at (425) 222-7003.

FOR INTERNAL ALWA USE ONLY BELOW THIS LINE.

Date entered into CUSI →		Date of first electronic bill →	
Entered by →		Reviewed by →	