

Ames Lake Water Association (ALWA)

ELECTRONIC FUNDS TRANSFER AND ELECTRONIC BILL PRESENTMENT PROGRAM ENROLLMENT FORM

PURPOSE: Use this form to enroll your ALWA account(s) in the ALWA's Electronic Funds Transfer (EFT) program and electronic bill presentment. You must also fill out this form if you change your bank or credit union account and want to continue your enrollment in the program.
PLEASE MAKE A COPY OF THE FRONT AND BACK OF 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: _____

INFORMATION ABOUT YOUR BANK OR CREDIT UNION (CU) ACCOUNT

Bank or CU name: _____

Your name(s) as shown on
your bank or CU account: _____

NOTE: If you have a joint bank or CU account, list the names of both account owners.

Type of account:
(Choose one.)

Checking: _____

Savings: _____

Branch office: _____

Telephone number: _____

City and state: _____

ABA routing number: _____

Account number: _____

- 1. Sign and date the authorization agreement on the back side of this form.
- 2. ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT TICKET HERE.
- 3. Make a copy of this entire form for your records. Then return it to:

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

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

**AUTHORIZATION AGREEMENT FOR THE AMES LAKE WATER ASSOCIATION
ELECTRONIC FUNDS TRANSFER AND ELECTRONIC BILL PRESENTMENT PROGRAM**

I /we, the undersigned, hereby apply to enroll in the Ames Lake Water Association (ALWA) Electronic Funds Transfer (EFT) and Electronic Bill Presentment Program and authorize ALWA to automatically withdraw from my/our checking or savings account identified on the front side of this form the total amount due on my/our billing statement and, if necessary, to make deposits for error corrections.

I /we authorize the financial institution named on the front side of this form to accept such EFT transactions initiated by ALWA.

I/we understand that the scheduled EFT date will be the payment due date shown on my/our billing statement except when such payment due date occurs on a date that is not a regular business day at the financial institution where I/we maintain(s) my/our checking or savings account, in which event the scheduled EFT date will occur the next business day after the payment due date shown on the billing statement. Non-business days include Federal Reserve Bank holidays, Saturdays, Sundays and other days when banks and credit unions are closed.

I/we understand that if my/our financial institution assesses my/our checking or savings account for any service fees related to ALWA-initiated EFTs, including, but not limited to, transaction fees or overdraft fees for insufficient funds (NSF), that I/we will be solely liable for paying such fees to my/our financial institution.

I/we understand that if my/our financial institution returns an EFT debit to the ALWA due to insufficient funds (NSF) in my/our checking or savings account the ALWA may assess an insufficient funds (NSF) fee to my/our ALWA account in accordance with the ALWA's fee schedule in effect at the time of the returned EFT debit. I/we understand that if my/our EFT payment is returned for insufficient funds two (2) billing periods in a row, the ALWA may, at its sole discretion, un-enroll me/us from in the ALWA's EFT program upon written notice.

I /we understand that at any time I/we may send written notice to ALWA at the address shown below requesting that EFTs from my checking or savings account pursuant to this Authorization Agreement be discontinued and that ALWA not initiate further EFTs from my/our checking or savings account after ALWA has received my/our written notice and had a reasonable period of time in which to act upon it. I/we understand that this is in addition to my/our rights to stop payment by directly contacting the financial institution where I/we maintain the checking or savings account listed herein.

I/we understand that the ALWA reserves the right to terminate, revise or modify its Electronic Funds Transfer (EFT) and Electronic Bill Presentment Program at any time upon written notice to ALWA Members.

By enrolling in this program, I/we also hereby opt into receiving my/our periodic ALWA billing statement in electronic format (i.e., Adobe® PDF format) through a secure, Web-based portal (i.e., electronic bill presentment on the public Internet using HTTPS). By opting into electronic bill presentment, I/we consent to having the ALWA discontinue sending me/us paper billing statements by regular mail. I/we understand that once I/we have successfully enrolled in the ALWA's EFT program I/we will be responsible for logging into the ALWA's secure Web-based portal each billing period to review the amount due on my ALWA account and obtain a copy of my/our ALWA billing statement in Adobe® PDF format.

I/we understand that this authorization form and any subsequent written requests, notices or other correspondence regarding the ALWA's Electronic Funds Transfer (EFT) and Electronic Bill Presentment Program must be sent to the following address:

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

I/we understand that this Authorization Agreement shall be governed and construed in accordance with the laws of the State of Washington as well as applicable EFT rules and regulations of the Federal Reserve Bank and the National Automated Clearing House Association (NACHA). By signing this Authorization Agreement, I/we acknowledge and agree that any legal action or proceeding between ALWA and me/us for any purpose concerning this Authorization Agreement or the ALWA's or my/our obligations hereunder shall be brought exclusively in a Federal or State court of competent jurisdiction sitting in King County, Washington.

**AUTHORIZED SIGNATURE(S) OF
BANK/CU ACCOUNT OWNER(S):** _____

NOTE: If you have a joint bank or CU checking or savings account, both account owners must sign.

DATE: _____

FOR INTERNAL ALWA USE ONLY BELOW THIS LINE.

Date entered into CUSI →		Date prenote sent →	
Entered by →		Reviewed by →	