

Authorization form for a re-occurring payment from a credit or debit card

First Name _____
Last Name _____
11 Digit SIRWA account Number _____
Address _____

Phone _____
Date to begin draft: _____



1391 190th St
PO Box 407
Creston, IA 50801
641-782-5744
www.sirwa.org

_____ Mastercard _____ Visa
_____ Debit _____ Credit

Name as it appears on card: _____

16 Digit Credit/Debit Card Number: _____ - _____ - _____

Expiration Date of Card ____/____

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 credit card account including expiration date.
- SIRWA is not required to notify me of a declined credit card and can charge my account a late fee if the card is declined for any reason.
- If my card is declined for any reason my account will be removed from the automatic payment program until I have contacted SIRWA to resolve the issue.
- Any payments received in our office before the draft date will reduce or cancel the draft from my credit/debit card for the month the payment was received.