



SERVICE APPLICATION

Iredell Water Corporation
PO Box 711
571 Jennings Rd
Statesville, NC 28687
Office: 704-876-0672
Fax: 704-876-2026
info@iredellwater.com

Please Print Clearly

SERVICE ADDRESS

Service Address _____ City _____ Zip Code _____

Subdivision _____ Lot # _____

Property Owner Renter / Lessee Date Service Requested: _____

BILLING INFORMATION

Full Legal Name or Company Name _____ Date of Birth _____ SSN# or Federal Tax ID _____ Driver's License# _____

Billing Address _____ City _____ State _____ Zip _____

(PLEASE CHECK PRIMARY CONTACT)

Home Phone Number Mobile Phone Number E-mail Address Other Phone or Email Address

Spouse or Other Authorized Contact Person _____ Date of Birth _____ SSN# or Federal Tax ID _____ Contact Number _____

Would you like to receive your bill by e-mail /paperless billing? YES NO

Customer Passcode (if you desire exclusive access to your account) _____

Are you a current IWC customer or have you had prior service with IWC? Current Prior NO

RENT /LEASE INFORMATION

If renting or leasing, provide property owner information below and you must provide a signed copy of your rental or lease agreement.

Owner First & Last Name _____ Owner Home Phone _____ Owner Mobile Phone _____

(Check all that apply)

CLASS TYPE

Residential Commercial Agriculture Industrial Institution Irrigation Multi-Family Fire Protection

***All class types except for residential must have an approved testable backflow assembly installed or are subject to disconnection.**

To initiate service you must bring this application to our office along with a valid picture ID, proof of property ownership, HUD Statement, signed Offer to Purchase Agreement or a property rental agreement. Iredell Water Corporation is a membership owned non-profit corporation and each customer is required to purchase a \$10.00 membership. All new accounts/locations require a deposit; Owner deposits are \$50.00 & are credited to account after 24 months of excellent payment history. Renter deposits are \$100.00 & are credited to the accounts final bill. If service/account is finalized for any reason within 30 days of start of service, a \$50.00 service fee will be charged to your account. Iredell Water accepts payment by cash, check, money order, bank draft or credit/debit card. Any fraudulent information on this service application will result in immediate disconnection of water service.

By signing this application you agree there is no outstanding delinquent debt for utility services, fees or penalties due to Iredell Water Corporation, under an agreement, written or applied, made by me or by another person who is now or has been a member of my household or who resides at the above address. I agree I am responsible for the payment of all utility service charges at this address and for conformance with the terms and policies of Iredell Water Corporation. I agree that Iredell Water Corporation has the right to enter upon my property for the purpose of maintaining and operation its facilities and may exercise the right to discontinue services and remove its facilities in case of violation of any terms of this agreement or policies of Iredell Water Corporation or if any of this information provided is found to be incorrect.

*Disclosure of SSN is voluntary and will be used for collection of delinquent balances by a third party collection agency. If SSN is not provided Iredell Water Corporation reserves the right to charge a higher deposit fee.

Initial

Customer Signature _____

Date _____

**Our office is located at 571 Jennings Rd., Statesville, NC 28687.
If you have any questions contact us at 704-876-0672 or visit us on the web at www.iredellwater.com**

**BANK DRAFT AUTHORIZATION AGREEMENT
ACH PREAUTHORIZED PAYMENTS (DEBITS)**

I hereby authorize **Iredell Water Corporation**, to initiate debit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking Savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

FINANCIAL INSTITUTION NAME

CITY

STATE

TRANSIT/ROUTING NUMBER

ACCOUNT NUMBER

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

Utility Account Name

Social Security Number

Iredell Water Account #

Phone

E-mail address

Would you like to receive your bill by e-mail/ paperless billing? Yes No

Signature

Date

Address

We must also have a voided check or copy of voided check attached to this agreement.