Authorization for Preauthorized Payments

City of Slater

The City of Slater is hereby authorized to initiate electronic debit entries to the account identified below for the payment of monthly utility services.

Payment will be debited on the 15th of each month for the full balance due. The debit amount will vary depending on the total billed for the household. *If the 15th falls on a holiday or a weekend, the debit will be processed on the following business day.

Personal Information:

Name(s) Printed _____ _____

Service Address _____

Utility Account # _____

Banking Information:

☐ Voided Check Attached (optional)

Bank Name: _____

Bank Address & Phone: _____

Routing Number: _____

Account Number: _____

Account Type (circle one): **Checking / Savings**

More information on the next page

I/We understand that:

1. If a voided check is attached in lieu of completing the banking information section above, I/We authorize the City to use that information solely for the purpose of establishing ACH payments.

2. Debits will be presented by **South Story Bank & Trust, Slater, Iowa**, and my/our account will remain subject to its individual terms and conditions, which are not altered by this authorization. The origination of ACH transactions must comply with all applicable provisions of U.S. law.

3. This authorization will remain in full force and effect until the City of Slater receives written notification of its termination, in such time and manner as to provide the City and the financial institution a reasonable opportunity to act.

By signing below, I/We authorize the City of Slater to initiate debit entries from my/our account identified above, beginning on or after the date reflected below. I/We certify that the account information provided is accurate, that the account is held in my/our name(s), and that payments will be applied to water/utility services.

Signature(s): _____   _____

Date: _____