

# Authorization for Preauthorized Payments



**City of Slater**

info@slateriowa.org  
(515) 685 - 2531  
101 Story St, Slater, IA 50244

## Personal Information

**Full Name:**

**Address:**

**Utility Account:**

## Banking Information

**Bank Name:**

**Bank Address & Phone:**

**Routing:**

**Account:**

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

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**Voided Check Attached (optional)**

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

.....  
For Office Use Only:

Date Completed:    /    /