Authorization for Preauthorized Payments to the City of Slater

I/We authorize the City of Slater to initiate debit entries to my/our account at the bank of my/our choosing and identified by the attached voided check or saving account information identified below, for the purpose of accomplishing the following preauthorized payments for water/utility services:

The City of Slater will debit:		An amount which may vary. I understand I will receive notice in the form of a utility bill at least 10 days in advance of the due/withdraw date of any payment of a varying amount.					
Frequency:	X	Monthly	Туре	e of Account:	R	Checking Savings	
			y begin on, or after, t outh Story Bank, in S		ted below	_	stand
•	ation. I/W	•	t to its individual terr				•
received writ	ten notific	ation from r	ation will remain in fune/us of its terminat y a reasonable oppor	ion in such tim	e and in s	•	
Name(s) Print	_						
Signature	_						
Date	_						
Plea	ase Circle v	which accou	nt type: CHECKING	SAVINGS			
	Voided o	check is atta	ched.				
	Bank Na	me, phone ‡	t, and address				
Routir	ng #						
Accou	nt #						
Utility Accour	nt #			·			
		Received By					