

City of West Point  
313 5<sup>th</sup> Street  
P.O. Box 69  
West Point, IA 52656

AUTHORIZATION FOR  
PREAUTHORIZED PAYMENTS

I/We authorize the City of West Point to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my/our account at the Financial Institution (identified below), for the purpose of automatically withdrawal from my/our account. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Financial Institution Name: \_\_\_\_\_

ABA # \_\_\_\_\_ Account # \_\_\_\_\_

- Checking
- Savings

New Authorization

Change to Previous

Termination

I/We understand that this authorization replaces any previous authorization and will remain in full force until the City of West Point has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of West Point and Financial institution a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)