



AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I hereby authorize The City of Ithaca to initiate debit entries to my (select only one) _____ **Checking** _____ **Savings** account indicated below and the depository names below, hereinafter called DEPOSITORY, to debit same to such account. I understand that the ACH debit will be initiated from the City of Ithaca on the 5th (fifth) day of the months of February, May, August and November, or prior business day if on a non-business day.

Please attach a voided check or deposit slip in the space below.

Place voided check or deposit slip here.

This authority is to remain in full force and effect until The City of Ithaca and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford the City of Ithaca and DEPOSITORY a reasonable opportunity to act on it.

Date _____

Authorized Signer Printed Name _____

Signature _____

Service Address _____

Phone Number _____

Business Name (if applicable) _____

Mailing address _____