



AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)

I hereby authorize The City of Ithaca to initiate debit entries to my
____ **Checking** ____ **Savings** account (select) indicated below and the
depository names below, hereinafter called DEPOSITORY, to debit same to
such account.

BANK _____

BRANCH/CITY _____

ROUTING NO. _____

ACCOUNT NO. _____

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 COMPANY and
DEPOSITORY a reasonable opportunity to act on it.

NAME _____

ADDRESS _____

DATE _____ **SIGNATURE** _____