



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. 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 October, or prior business day if on a non-business day.

Please attach support for account verification. This may include bank statement, voided check or bank teller verification.

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 the City of Ithaca and DEPOSITORY a reasonable opportunity to act on it.

NAME _____

ADDRESS _____

DATE _____ **SIGNATURE** _____