



AGREEMENT FOR PREAUTHORIZED PAYMENTS  
(ACH DEBITS)

I hereby authorize The City of Ithaca to initiate debit entries to my (select) \_\_\_\_\_ **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 5<sup>th</sup> (fifth) day of the months of February, May, August and October, or prior business day if on a non-business day.

**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** \_\_\_\_\_

**Business Name (if applicable)** \_\_\_\_\_

**SERVICE ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_