



## AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I hereby authorize the City of Ithaca to initiate debit entries to my Checking or Savings account indicated below and the depository (bank name), hereinafter called DEPOSITORY, to debit same to such account.

**Residential Account Customers:** I understand that the ACH debit will be initiated from the City of Ithaca on the 5<sup>th</sup> (fifth) day of the billing month.

**Commercial Account Customers:** I understand that the ACH debit will be initiated from the City of Ithaca on the 5<sup>th</sup> (fifth) day of the following months of February, May, August and November.

If the 5<sup>th</sup> falls on a weekend, the ACH will be initiated on Monday.

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_

*or*

**Savings Account Number:** \_\_\_\_\_

This authority is to remain in effect until the City of Ithaca has received written notification from myself of its termination, giving reasonable time for the city to act on such changes.

**Date:** \_\_\_\_\_

**Authorized Signer Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

Please return completed form to City Hall or by e-mail to [clerk@ithacami.com](mailto:clerk@ithacami.com)