



ICSD TAX OFFICE
400 Lake Street
Ithaca, New York 14850
Phone: (607) 274-2217
Email: TAXES@icsd.k12.ny.us

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
SCHOOL TAX BILLS RECURRING ANNUALLY

PROPERTY OWNER _____

TAX MAP NUMBER _____ PROPERTY ADDRESS _____

PHONE NUMBER _____ EMAIL ADDRESS _____

I (we) hereby authorize the Ithaca City School District to initiate debit entries to our checking account indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of US law. PLEASE ENCLOSE VOIDED CHECK.

FINANCIAL INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIPCODE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until Ithaca City School District has received written notification addressed to Ithaca City School District Tax Office, 400 Lake Street, Ithaca, NY 14850, (from me or either of us) of its termination. In such time and in such manner as to afford ICSD a reasonable opportunity to act on it, but in no event less than 10 business days before the scheduled debit.

The debit will take place on the last day of the Penalty free tax collection.

Form is due by October 15 to be eligible for the current tax year.

Signature (s) _____

Printed Name (s) _____

Date _____

Send form with copy of Voided Check to ICSD Tax office, 400 Lake St, Ithaca, NY 14850