

# DIRECT DEBIT AUTHORIZATION

## CITY OF AMHERST - INCOME TAX DIVISION

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Social Security #**

I/We hereby authorize the City of Amherst Income Tax Department to automatically deduct the payment amount shown below from my checking/savings account on the first business day of each month until the account is paid in full.

I/We understand if the funds are not available at the designated time, my account will automatically be charged an additional \$25.00.

Please note: To change the account information or discontinue the ACH payments, the tax office must be notified by calling (440) 988-4212.

**Monthly Payment Amount: \$** \_\_\_\_\_

**First Payment Date:** \_\_\_\_\_

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Routing Number  
(Nine digit # to the left of your account # on the bottom of your checks)

\_\_\_\_\_  
Account Number

Checking Account \_\_\_\_  
(Attach a copy of Voided Check)

Savings Account \_\_\_\_

I have read the above statement and fully understand that I authorize the City of Amherst Income Tax Department to debit and/or credit my checking/savings account as necessary.

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

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