



DIRECT DEBIT AUTHORIZATION City of Lorain – Income Tax Division

Name

Spouse Name

Social Security #

Social Security #

File#

/We hereby authorize the City of Lorain Income Tax Department to automatically deduct the payment amount shown below from my checking/savings account on the 15th 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) 204-1002.

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 Lorain Income Tax Department to debit and/or credit my checking/savings account as necessary.

Signature

Signature