



**CAYUGA COUNTY – DELINQUENT TAX INSTALLMENT AGREEMENTS
AUTHORIZATION AGREEMENT FOR ELECTRONIC (ACH) PAYMENTS**

I (we), the undersigned, hereby authorize the Cayuga County Treasurer’s Office to initiate electronic withdrawals from my (our) bank account indicated below and to credit the same to the account of Cayuga County **around the 15th of each month** in payment of:

Delinquent Tax Installment Agreement – Contract # _____ Monthly Amount: _____

Period: _____ to _____

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #(s): _____

Financial Institution: _____ City: _____ State: _____ Zip: _____

Account Type: _____ Checking _____ Savings _____ Money Market

Routing Number: _____ Account Number: _____

VOIDED CHECK MUST BE ATTACHED!

I (we) understand that, should funds not be available in the designated account on the designated due date, it will be the responsibility of the parcel owner to ensure payment in a timely fashion, to avoid further interest or penalties. Returned payments are subject to a \$25 fee. Certified funds are required to replace any returns. This authorization is to remain in full force and effect until the completion of the installment agreement or until the Cayuga County Treasurer’s Office receives written notification from me (or either of us) of its termination. Written notification of termination must be received by the Cayuga County Treasurer’s Office **at least 10 days prior to the withdrawal date**. Additional payments on the installment agreement cannot be made while signed up for electronic ACH payments. I (we) acknowledge that the origination of ACH transactions at my (our) account must comply with the provisions of U.S. law.

Account Holder: _____

Signature: _____

Date _____

Account Holder: _____

Signature: _____

Date _____