



ACH ENROLLMENT FORM

Company Name: _____

Contact Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

***An e-mail address is REQUIRED to receive payments via ACH.
You will receive an e-mail notification prior to the pay date for ACH payments.***

Name of Bank: _____

Bank Address: _____

Routing Number: _____

Account Number: _____

- Checking Account
- Savings Account

Return completed form to: AHarrington@CiTiboces.org, or mail to:

CiTi BOCES, Attn: Autumn Harrington, 179 County Route 64, Mexico, NY 13114

Please call Autumn Harrington at 315-963-4243 if you have any questions.