Central Illinois Regional Airport
at Bloomington-Normal

RECURRING DEBIT ENTRY AUTHORIZATION

Authorization Agreement for Direct Payments (ACH Debits)

CUSTOMER NAME_____ CUSTOMER ACCT. NO._____

I (we) hereby authorize CENTRAL ILLINOIS REGIONAL AIRPORT AUTHORITY, hereinafter called CIRAA, to initiate debit entries to my (our) ☐ Checking ☐ Savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME_____

BRANCH_____

CITY_____ STATE_____ ZIP CODE_____

TRANSIT/ABA No._____ ACCOUNT NO._____

RECURRING AMOUNT___monthly stmt bal_____ START DATE_____

FREQUENCY: [X] MONTHLY

Please attach a voided check or bank verification of ABA and account number to this document.

This authority is to remain in full force and effect until CIRAA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CIRAA and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (print)_____ PHONE NO._____

SIGNED_____ DATE_____

E-MAIL ADDRESS_____

INFORMATIONAL MATERIAL:

- Transactions will be processed on the 10th of each month, if that date falls on a weekend or airport or bank holiday, transactions will be processed the next business day.
- If a transaction is returned for non-sufficient funds, closed accounts, etc. a $25.00 fee will be charged.
- Return completed form to CIRAA at the following address: 3201 CIRA Drive, Suite 200, Bloomington, IL 61704. Notification to terminate this authorization should also be mailed to the same address.
- Questions regarding your account or ACH debit transactions should be directed to the Airport Authority at (309)663-7384 or finance@cira.com