DIRECT DEPOSIT AUTHORIZATION

June 5, 2014

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Owner ID

(2/2000)

PLEASE COMPLETE THIS FORM AND RETURN TO:

Fairport Urban Renewal Agency; 31 South Main Street; Fairport, NY 14450

☐ New setup			Change financial institution				
Cancellation (Leave Part 4 L	blank)		☐ Change account number				
		☐ Change account type			l The state of the		
PART 2: Payee Identification			I would like to rece	ive corresp	ondend	e via e-mail.	
Owner Tax ID (Social Security Number or Employer Identification Number		Work Ph	Work Phone Number		Home Phone Number		
lame		E-mail A	ddress				
Street Address	City			Sta	ate	ZIP Code	
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