



Automated Clearing House (ACH) Authorization Form

Please complete the information below, **attach a voided check to this form**, and return both to the Port administration office:

Port of Edmonds
Accounts Receivable
336 Admiral Way
Edmonds, WA 98020

The Port will notify you when your ACH information has been accepted and when your ACH payments will begin. Please continue to pay your monthly balance until this time.

PLEASE PRINT THE FOLLOWING INFORMATION:

NAME _____

PORT ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ WORK (____) _____

E-MAIL ADDRESS _____

BANK ROUTING # _____ (The first row of 9 digits on the bottom left of your check.)

ACCOUNT # _____ (The next row of numbers on the bottom left of your check.)

BANK NAME _____

I hereby authorize an automatic debit on the account designated above for the amount invoiced by the Port of Edmonds on the first day of each month. I understand that my account will be debited by an electronic bank draft on the 20th of the following month for the charges shown on that statement.

I understand that any drafts returned for insufficient funds must be paid to the Port in the form of personal check, cashier's check, or cash within 10 days of receiving notification from the Port. I agree to pay the NSF fee of \$40.00.

SIGNATURE

DATE