



# PORT OF EDMONDS

## 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  
471 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 # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BANK NAME \_\_\_\_\_

RECEIVE STATEMENT VIA EMAIL? YES  NO

**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 20<sup>th</sup> 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