



# PORT OF ANACORTES

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT PAYMENT (ACH DEBIT)

Applicant Information		
<p>I (we) hereby authorize the Port of Anacortes to initiate debit entries to my (our) Checking/Savings account indicated below at the depository financial institution named below, and to debit the same to such account, on or about the 15<sup>th</sup> of each month. . By initiating charges around the 15<sup>th</sup> of the month, I (we) understand there is time to review monthly account statements for accuracy and completeness and contact the Port with any questions prior to the charges being processed. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</p>		
First:	Last:	
Address:		
City:	State:	ZIP Code:
Email:	Phone:	
Routing number:	Account number:	
<p>This authorization is to remain in full force and effect until the Port of Anacortes has received written notification from me (us) of its termination in such time and in such manner as to afford the Port of Anacortes and said depository a reasonable opportunity to act. I (we) may revoke the authorization only by notifying the Port of Anacortes in the manner specified above.</p>		
Printed Name: _____ agrees this banking information is on file with Port of Anacortes and will be charged each month for any charges incurred at the facility, of which amounts may vary.		
Signature:	Date:	

**PLEASE RETURN THIS SIGNED AGREEMENT, ALONG WITH A VOIDED CHECK, VIA MAIL OR EMAIL TO:** (Request will not be processed without a voided check)

**Port of Anacortes  
Attn: Accounts Receivable  
100 Commercial Ave.  
Anacortes, WA 98221  
ar@portofanacortes.com**

OFFICE USE: Account #: \_\_\_\_\_  
Processed by: \_\_\_\_\_  
Date processed: \_\_\_\_\_