



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

Please select from the following options to either: a) enroll in the automatic direct payment (ACH debit) program and complete information below, or b) decline participation in the program at this time.

Applicant Information		
<p><b>I hereby authorize the Port of Anacortes to initiate debit entries to my 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 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 acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.</b></p>		
Full Name:		
Address:		
City:	State:	ZIP Code:
Email:	Phone:	
Routing number:	Account number:	
<p><b>This authorization is to remain in full force and effect until the Port of Anacortes has received written notification from me 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 may revoke the authorization only by notifying the Port of Anacortes in the manner specified above.</b></p>		
<p>Printed Name: _____ agrees this banking information is on file with the Port of Anacortes and will be charged each month for any charges incurred at the facility, of which amounts may vary.</p>		
Signature:	Date:	

OFFICE USE ONLY	
Account Number:	
Processed by:	Date Processed: