



Port of Everett

Automated Clearing House (ACH) Authorization Form

Please complete the information below in its entirety and return this to our office along with a voided check or bank statement reflecting the routing and account information (required).

Port of Everett - Marina
P O Box 538
Everett, WA 98206

I hereby authorize an automatic debit on the account designated below for the amount invoiced by the Port of Everett on the first day of each month. My account will be debited by an electronic bank draft on the 20th of each month for the new charges on that statement.

Please print the following information:

Moorage/Storage Holder Name _____

Bank Account Holder Name _____

Bank Account Holder Address _____

City _____ State _____ Zip _____

Phone 1 (____) _____ Phone 2 (____) _____

Email Address(s) _____ / _____

BANK ROUTING # (9 digits) _____ (first row of 9 digits on bottom left of check)

ACCOUNT # _____ (next row of numbers on bottom left of check)

YOUR BANK NAME _____

In accordance with banking regulation, I understand that any drafts returned for insufficient funds will be electronically debited from my account plus a return fee of \$30.00 (varies by State).

SIGNATURE

DATE

Official Use Only

Acct # _____ Slip # _____ Type _____ Start Date _____

Bank # Entered _____ Code Entered _____ Confirm Letter _____

Doc# 69251