



PORT OF KINGSTON

Automated Clearing House (ACH) Authorization Form

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

Port of Kingston
Accounts Receivable
PO Box 559
Kingston, WA 98346

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 _____

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 Kingston on the 1st day of the month. I understand that my account will be debited by an electronic bank draft on the 10th business day 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 \$35.00.

SIGNATURE

DATE