

Authorization Agreement for ACH Credits

Enrollment Form

Dear Valued Vendor:

Lee County Port Authority is offering Automated Deposits (ACH Credits) to expedite your payment(s). If you choose to participate in the Automated Deposit Program, you will need to complete the Authorization Agreement for ACH Credits Enrollment Form and submit the completed form, along with a cancelled check, to the Purchasing Department. If you wish to be notified of your ACH deposit details by email, please include a valid email address in the space provided below.

Depository Bank Name:

City:

State:

Zip Code:

Routing Number:

Account Number:

NAME OF DEPOSITOR STREET ADDRESS CITY, STATE		101
PAY TO THE ORDER OF: _____		_____ 19 _____
_____		\$ _____
_____		_____ DOLLARS
NAME OF YOUR BANK Payable Through Another Bank		
For _____		
⑆021001082⑆	123 456 789⑆	0101
ROUTING NUMBER	ACCOUNT NUMBER	

Company Name:

Address:

City:

State:

Zip Code:

Federal Tax ID:

Contact Name:

Phone:

Fax:

Email Address*:

* Note: Future email address change requests should be sent to APACH@leeclerk.org

I (We) hereby authorize the Lee County Port Authority to initiate credit entries and/or correction entries to the financial institution and account number listed above. It is further agreed that if any part of the financial information is incorrect on this form your payment will be delayed until the funds are returned to the Port Authority's bank account. If you do not agree with all the above terms and conditions, your ACH Agreement will not be accepted. Please return this form to:

Lee County Port Authority
Purchasing Department
11000 Terminal Access Road, Suite 8671
Fort Myers, FL 33913

Phone: 239-590-4556

All future changes to the Financial Institution Information you have provided to us will require a new Enrollment Form to be completed and mailed to the above address.

Authorized Signature:

Date:

Printed Name: