



Cedar Marina, Inc ACH Payment Authorization Form

In order for Cedar Marina, Inc to accept and debit your account, please complete all fields below, sign, date and email to frank@cedarmarina.com or mail to the above address. Please provide the following information as it appears in your order. All information sent is strictly confidential and Cedar Marina, Inc adheres to the highest standards of account data protection.

Billing Information: (as it appears on your bank statement)

Company: _____ Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Email: _____

Account Type: Savings Checking Other

Name on Account: _____

Bank Account # _____

Bank Routing # _____

Bank Name _____

- Recurring Billing:** I hereby authorize Cedar Marina to charge the indicated credit card on a periodic basis for the amount due under my contract with Cedar Marina resulting from services rendered as indicated above. This Recurring Payment Authorization shall remain in force until canceled by me in writing.

Please initial here: _____

Authorization:

Signature of account holder (Required): _____ Date: _____