



## 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](mailto: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 cancelled by me in writing.

**Please initial here:** \_\_\_\_\_

**Authorization:**

Signature of account holder (Required): \_\_\_\_\_ Date: \_\_\_\_\_

