

Authorization Agreement for ACH Credits LEE COUNTY PORT AUTHORITY Enrollment Form

New
 Revised

Dear Valued Vendor:

The Lee County Port Authority (LCPA) is offering Automated Clearinghouse Deposits (ACH Credits) to expedite your payment(s). To participate in the Automated Deposit Program, please complete this Authorization Agreement for ACH Credits Enrollment Form and submit the fully completed form along with a cancelled check or a letter from your financial institution signed by an authorized signatory, to the LCPA Finance 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 _____
NAME OF YOUR BANK Payable Through Another Bank		_____ DOLLARS
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: Email address change requests should be sent to APACH@leeclerk.org

Through my signature below, 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 along with a cancelled check or executed letter from your financial institution to :**

Lee County Port Authority Finance Department
11000 Terminal Access Road, Suite 8671 or **apinquiry@flylcpa.com**
Fort Myers, FL 33913

Any change to the financial institution information you have provided will require a new Enrollment Form to be completed and mailed to the above address.

Authorized Signature: Date:

Printed Name:

Title: