



City of Des Moines Marina

22307 DOCK AVENUE SOUTH
DES MOINES, WASHINGTON 98198-4627
(206) 824-5700 FAX: (206) 878-5940



Authorization Agreement for Preauthorized Marina Moorage Payments

Company Name: City of Des Moines

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository
Name: ' _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA Number _____ Account Number _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(please print)

Marina Slip Number _____ Telephone No.: (Home) _____ (Work) _____

Date _____ Signed _____ Signed _____

Marina Account Number _____

Voided Check Attached _____