PORT of WALLA WALLA
JOB CREATION • TRANSPORTATION

Phone (509 525-3100 • FAX (509) 525-3101 • www.portwallawalla.com • www.wallawallaairport.com

AUTOMATIC PAYMENT AUTHORIZATION FORM

I am: ☐ **New automatic payment applicant.**

☐ **Current automatic payment user reporting a change in my account number (please note this change requires 30 days for processing).**

☐ **Cancel automatic bill pay.**

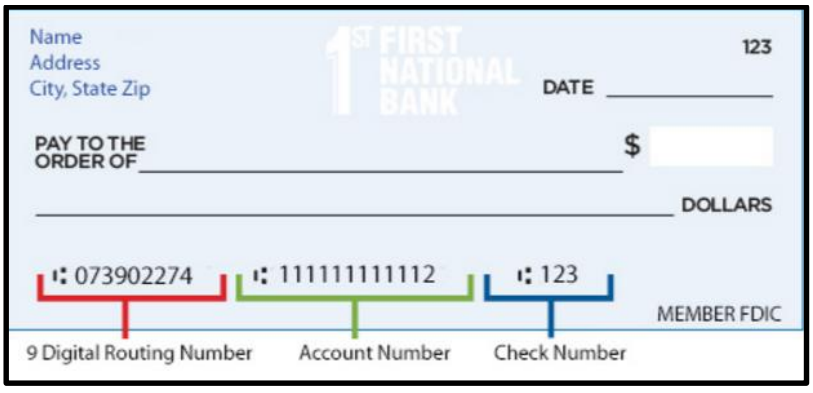
To sign up for automatic bill payment, please return the completed and signed authorization form to the Port of Walla Walla, 310 A. Street, Walla Walla, WA 99362.

Today's Date:			
Tenant Name:			
Lessee Building Address:			
Phone:		**Cell:**	
Email:			

☐ **Building** ☐ **Land** ☐ **Hangar** ☐ **Storage Unit** ☐ **Other:**_____

Type of Financial Account (check one) ☐ **Checking** ☐ **Savings**

Date to begin automatic bill pay:	
Bank Routing Number:	
Bank Account Number:	
Name(s) on Bank Account:	
Name of Financial Institution:	
Branch Address, City, State, Zip:	
Bank local phone number:	



Reset Form

Automatic Payment by debit from checking/savings account: I authorize the Port of Walla Walla to initiate debits (and/ or make corrections to previous debits, as necessary) to the bank account identified on this form on the 5th business day of the month. I also authorize my financial institution to reduce the balance of my account by the amount of such debits (and/or corrections to previous debits). I will maintain sufficient collected funds in my account for the full amount of each payment. If the automatic debit transaction ever fails (e.g., no funds are available), Port of Walla Walla will mail a bill to me at my address on record. I will be responsible for making my payment by check or money order, along with a return item service charge.

Notice to Change/Cancel Required: I will continue to be debited/charged the amount of rent owed until I cancel this automatic payment authorization with 10-day notice before a debit/charge, is to occur. To cancel this automatic payment authorization, or if there are changes to my account being debited/charged, I must contact the Port of Walla Walla Auditor Office at 509-525-3100. Port of Walla Walla may cancel this authorization at any time upon notice to me. By signing below, I agree to the terms and conditions of this authorization form (if the bank account is a joint account, all accountholders must sign) and I acknowledge that I have received a copy of this form. I acknowledge that all payment transactions must comply with the provisions of U.S. law. I will make payments by check or money order until my automatic payment service has been activated.

Note: If the bank account is a joint account, all accountholders must sign.

Tenant Signature **Date**

Tenant Signature **Date**

Tenant Signature **Date**

Port Authorized Agent Signature **Date**

Internal Office Use				
Automatic Payment Authorization Form is complete and signed.	**Yes**		**No**	
Automatic Payment Authorization Form received date:				
Start date for automatic bill pay:				
Application reviewed and approved by:				

Submit Form By Email