



Automated Clearing House (ACH) Authorization Form

Please complete the information below, attach a voided check or photocopy of a check, and return to the Finance Department at:

**City of Enumclaw
1339 Griffin Ave.
Enumclaw, WA 98022**

I hereby authorize an automatic debit on the account designated below for the amount invoiced by the City of Enumclaw on the payment due date.

Please print the following information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone:(____) _____ Work/Cell: (____) _____

E-mail Address: _____

BANK ROUTING # (9 digits) _____

(first row of 9 digits on the bottom left of your check)

ACCOUNT #: _____

(next row of numbers on the bottom left of your check)

YOUR BANK NAME: _____

In accordance with banking regulations, I understand that any drafts returned for insufficient funds will be electronically debited from my account plus a return fee of \$25.

SIGNATURE

DATE

Official Use Only

Acct # _____

Bank # entered _____