



**CHARLESTON NAVAL COMPLEX
REDEVELOPMENT AUTHORITY/
NAVAL BASE MUSEUM AUTHORITY**

ACH Authorization Agreement

Please complete this form and mail or fax to the Authority. If you have any questions or need assistance with this form, please contact the Authority's Business Manager at (843) 747- 0010 ext. 225 or JHartzog@CharlestonRDA.com.

Please do not email this form. Banking information should not be sent through email.

Mail To:

Charleston Naval Complex Redevelopment
Authority
Attn: Business Manager
1096 Navy Way
North Charleston, SC 29405

Fax:

(843) 747-6318 – Attn: Business Manager

Vendor Information:

Vendor Name:
Address:

ACH Contact Name:
ACH Contact Ph #:
ACH Contact Email:
Remittance Notice Email (if different):

Bank Information:

Bank Name:
Bank Address:

Type of Account: Checking Savings

ABA Routing/Transit Number:
Depositor Account Number:

By signing this form, I authorize the Charleston Naval Complex Redevelopment Authority to initiate electronic credit entries to the checking or savings account indicated above. I may revoke or cancel this authorization by notifying the Authority's Business Manager in writing of intent to terminate the authorization. I understand that failure to notify the Authority of a change to the account information may result in a delay of payment.

Signature of Authorized Official:

Print or Type Authorized Official's Name:

Date: