



## ACH AUTHORIZATION FORM

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Slip #: \_\_\_\_\_

Recurring Charge     One-Time Charge

Routing Number: \_\_\_\_\_  
(9 digit)

Account Number: \_\_\_\_\_

Checking     Savings

Amount: \$ \_\_\_\_\_

Lake Sonoma Marina will be charging the **TOTAL** amount of my bill unless previous discussed. This includes work orders, trailer storage, dry storage, monthly slip rent or any other charges accrued through Lake Sonoma Marina.  
*There is a \$5 fee for all authorized charges returned by your bank.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LAKE SONOMA RESORT AREA  
104 WIKIUP DR, SANTA ROSA, CA 95403  
OFFICE: (707) 526-7272    MARINA: (707) 433-2200  
OFFICE FAX: 707-575-1246    MARINA FAX: 707-433-7485  
EMAIL: [BILLING@LAKESONOMA.COM](mailto:BILLING@LAKESONOMA.COM)    WEBSITE: [WWW.LAKESONOMA.COM](http://WWW.LAKESONOMA.COM)