



South Beach Harbor, Pier 40A- the Embarcadero, San Francisco, CA 94107

Phone (415) 495-4911 & Fax (415) 512-1351

Electronic Payments Authorization

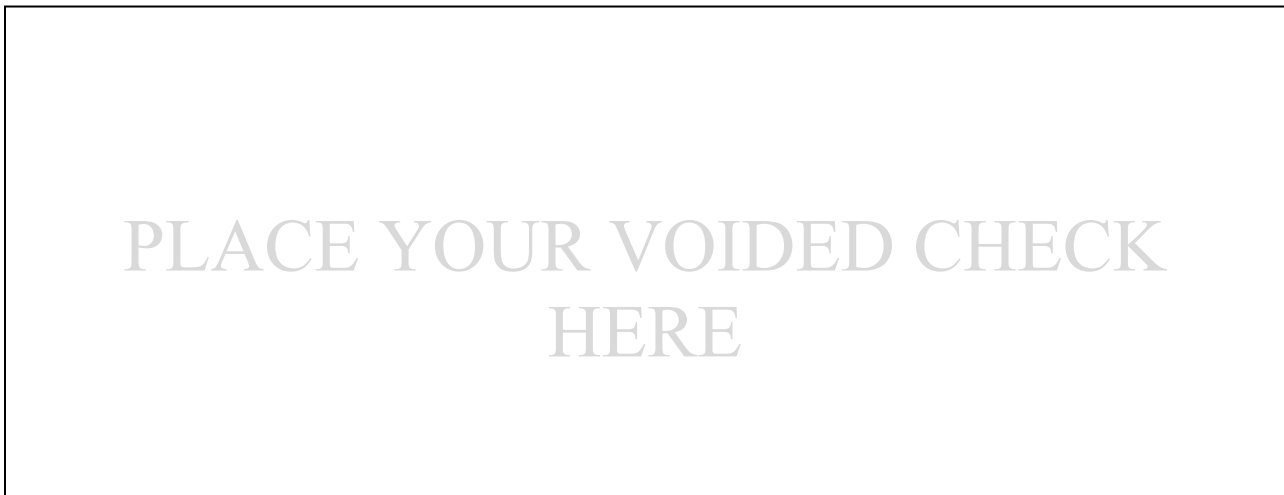


Berth Holder Account #: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the CITY AND COUNTY OF SAN FRANCISCO BY AND THROUGH SAN FRANCISCO PORT COMMISSION AND THEIR OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS (hereinafter called SBH) to initiate automated account debit entries for monthly berth payments, services, and/or other fees for the above-named berth holder account. The withdrawal occurs on the 1st each month.

I understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I will promptly send SBH the total monthly payment due, plus any late charge(s) or other fees. I authorize SBH to electronically credit my account if necessary, to correct erroneous debits.

Please sign and return and/or fax this authorization form with a copy of the voided check.



Berth Holder Name: \_\_\_\_\_ Berth #: \_\_\_\_\_
Print name of berth holder.

Checking Account Holder Name: \_\_\_\_\_
Print name of the person holding the checking account

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

Checking Routing #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Berth Holder: YES [ ] NO [ ] Partner: YES [ ] NO [ ]

I understand that this funds transfer authorization will remain in effect until the berth holder gives written notice of cancellation.

Berth Holder Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Partner Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE STAFF ONLY:
Staff: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Original: [ ] Copy [ ]