

The Port of Bellingham is pleased to offer you the option of paying your bill through automatic withdrawal from your United States checking or savings account. Our preauthorized electronic fund transfer (EFT) is an easy and convenient way to pay your bill. Just complete and sign the authorization form below and return along with a voided check or savings withdrawal slip. Even though your bill is paid automatically, you will receive a statement at least 10 days before the scheduled date of transfer. The entire balance due on your statement will be withdrawn from your account on the 15th. If you wish to cancel your EFT, you must notify the Port of Bellingham in writing by the 5th of the month.

| Return bottom portion AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS | |
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| ` ' | GHAM, hereinafter called COMPANY, to initiate nonth or next business day. If I wish to cancel my |
| | notify the Port of Bellingham in writing ten days |
| I would like the debit entries to be applied Checking account | ed to my: Savings account |
| This authority will remain in full force and ef | for any errors will be made to the same account.) ffect until COMPANY and DEPOSITORY have ner of us) of its termination in such time and in such SITORY a reasonable opportunity to act on it. |
| FINANCIAL INSTITUTION | DEPOSITORY NAME, if different from customer |
| BRANCH (CITY, STATE) | SIGNATURE DATE |
| TRANSIT ROUTING NUMBER | |
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| ACCOUNT NUMBER INFORMATION | |
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