

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

The Port of Bellingham [Port] is pleased to offer you the option of paying your bill through automatic withdrawal from your United States checking account. Our preauthorized electronic fund transfer is an easy and convenient way to pay your bill. Just complete and sign the authorization form below and return to the Port along with a **voided check**. If for some reason you want to cancel your preauthorized fund transfer, please notify us in writing **thirty days** before your scheduled date of transfer. **Funds will be transferred on the last business day of the month by the Port and will reflect on the individual's bank statement as either the 1st of the month or the first business day following the 1st of the month.**

Customer Name: _____

Mailing Address: _____

State/Zip Code _____

I(we) hereby authorize PORT OF BELLINGHAM hereinafter called COMPANY, to initiate electronic debit entries on the **last business day of the month**, and if necessary, credit entries and adjustments for any debit entries in error to my(our):

U.S. Checking Account

This authority will remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

FINANCIAL INSTITUTION _____ BRANCH _____

DEPOSITORY NAME _____

CITY/STATE/ZIP _____

TRANSIT ROUTING NUMBER _____

FIRST 9 DIGITS ON CHECK

ACCOUNT NUMBER INFORMATION _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

**** Attach a voided check for withdrawal from checking account**