Office Use: (Circle one)

AIR / POM / BREM

The Port of Bremerton is pleased to offer you the opportunity to pay your bill through automatic withdrawal from your United States checking or savings account. Our preauthorized electronic fund transfer option is an easy and convenient way to pay your bill. Complete and sign the authorization form below and return along with a **voided check or savings withdrawal slip.** You will receive a statement at least 7 days before the scheduled date of transfer even though your bill is paid automatically. **PLEASE ALLOW 15 DAYS FOR INITIAL PROCESSING.**

AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER NAME	CUSTOMER ACCOUNT NUMBER

I (we) hereby authorize the PORT OF BREMERTON, hereinafter called COMPANY, to initiate electronic debit entries on the 2nd business day of every month. If I wish to cancel my preauthorized electronic fund transfer, I must notify COMPANY in writing thirty days before the scheduled date of transfer.

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

ATTACH VOIDED CHECK HERE

I would like the debit entries to be applied to my: (select one)

_____ **Checking Account**

_____ **Savings Account**

If necessary, credit entries and adjustments for errors will be made to the same account.

In accordance with banking regulation, I understand that any drafts returned for insufficient funds will be electronically debited from my account plus a return fee of $25.00.

FINANCIAL INSTITUTION	DATE
BRANCH	SIGNATURE
CITY STATE ZIP	SIGNATURE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

<u>Please mail completed form with voided check attached to</u>: Port of Bremerton, Attn: Becky D. Swanson, 8850 SW State Hwy 3, Port Orchard, WA 98367

Administrative Use Only:

___ Spreadsheet ____ FSM ____KB ___ Prenote (Date: _____) ___ Batch # (_____) ___ e-statement? ___Stmt Group