



# San Mateo County Harbor District

Oyster Point Fax: (650) 871-7532

Pillar Point Fax: (650) 726-7740

## **AUTOMATIC DEBIT REQUEST FORM**

I/we hereby authorize the San Mateo County Harbor District (hereinafter called "SMCHD") to initiate debit entries or charges to my/our:

- checking account
  savings account
  credit card

as indicated below for the depository financial institution or credit card indicated below (hereafter called "DEPOSITORY"), and to debit the same to such account. I/we acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until SMCHD has received written notification from me/us of its termination in such time and in such manner as to afford SMCHD and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- New
  Change (change in bank or credit card information)
  Cancel
- Checking Account
  Savings Account
  Credit Card

### **Automatic Debit Request from BANK ACCOUNT**

(ATTACH VOIDED CHECK, if selecting debit from checking account)

Account Name(s): \_\_\_\_\_

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

Address of Bank: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

### **Automatic Charge Request to CREDIT CARD**

(Visa, MasterCard, or American Express)

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code (on front or back): \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_