



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: _____