Docusign Envelope ID: 14668717-6C00-455B-8F47-36C0C4FB6799

317 Commercial Ave., Anacortes, WA 98221 | (360) 293-3134 | www.portofanacortes.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENT

Please select from the following options to either: a) enroll in the automatic credit payment program and complete information below, or b) decline participation in the program at this time.

Yes, please enroll me, I've filled out the applicant information below.

No. I am not interested in enrolling at this time.

Applicant Information		
I hereby authorize the Port of Anacortes (the "Port") to initiate charges to my credit or debit card, on or around the 15th of each month for the balances owed on my account. By initiating charges around the 15th of the month, I understand there is time to review monthly account statements for accuracy and completeness and contact the Port with any questions prior to the charges being processed. Credit or debit card information is stored securely in the Port's PCI complaint credit card processing system.		
Full Name:		
Credit Card Billing Address:		
City:	State:	ZIP Code:
Email:	Phone:	
Last **four** digits of credit card:	Expiration Date:	
I understand that I am only providing the last four digits of my credit card number, and once this agreement has been received and processed, I will be contacted by a Port of Anacortes staff member for the full number.		
This authorization is to remain in full force and effect until the Port of Anacortes has received written notification from me of its termination in such time and in such manner as to afford the Port of Anacortes a reasonable opportunity to act. I may revoke the authorization only by notifying the Port in the manner specified above. **I understand it will be my sole responsibility to ensure that the Port is kept current of any changes in credit card numbers and expiration dates.**		
Printed Name: _____ **agrees this card is on file with Port of Anacortes and will be charged each month for any charges incurred at the facility, of which amounts may vary.**		
Signature:	Date:	

OFFICE USE ONLY	
Account Number:	
Processed by:	Date Processed: