PORT ARANSAS HARBOR

Automatic Debit Application

Authorization Agreements For Direct Payments (ACH Debits)

I (we) hereby authorize City of Port Aransas, hereinafter called company, to initiate debit and to initiate, if necessary, credit entries and adjustments for any debit entries made in error, to my(our) account indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit and/or credit the same to such account. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U.S. law.

Your Bank Information:

Depository: _____
City: _____ State: _____
_____Checking OR _____Savings
Routing Number: _____ Bank Account Number: _____

This authorization is to 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 and DEPOSITORY a reasonable opportunity to act on it.
Name: _____Signature: _____

DBA: _____ (If applicable)
Slip Number: _____Harbor Acct No: _____

Driver's license (state):_____ Phone# : _____

Electronic account information must be verified with your Financial Institution and/ or attach a voided check and/or provide an account verification form from your Financial Institution.

A $30.00 service fee will be applicable for any ACH return(s).

Thank-you