



Oak Harbor Marina
1401 SE Catalina Dr
Oak Harbor, WA 98277
360-679-2628

Authorization and Enrollment for Automatic Payment of Marina Account

Name: _____ **Date:** _____

Address: _____

Phone: _____ **Marina Acct #:** _____

- I hereby authorize the City of Oak Harbor to automatically withdraw from my checking account, identified below, the total due on my marina account.
- I authorize the bank named herein to accept these transactions initiated by the City of Oak Harbor.
- Withdrawals may be made from my account up to 3 days prior to the due date.
- I understand that should the account not have sufficient funds to cover withdrawal, there will be a \$40.00 Non-Sufficient Fund fee due.
- The City of Oak Harbor reserves the right to cancel the automatic payment agreement.
- The Financial Institution reserves the right to cancel the automatic payment agreement.
- The automatic payment agreement will continue until I notify the City of Oak Harbor in writing of my desire to discontinue this payment agreement.

Financial Institution Information:

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Signature: _____ **Date:** _____

Attach a Voided
Check for
Account Verification