

Credit/Debit Authorization Form

I (we) hereby authorize **Sun Harbor Marina** to initiate a (CHARGE or CREDIT- **circle one**) entry to my (our) checking/savings account at the financial institution indicated below, and initiate any necessary adjustments for any transactions credited or debited in error. This authority will remain in effect until **Sun Harbor Marina** is notified by me (us) in writing to cancel it in such time as to afford **Sun Harbor Marina** and the financial institution a reasonable opportunity to act upon it.

Date to make charge or credit:

Monthly: on the 1st day of each month

For charge accounts:

Maximum amount to be charged: \$ _____

Account number

Account Type
(Checking or Savings)

Name of financial institution

Routing number of financial institution

Customer/Employee signature

Customer/Employee name (please print)

*Please attach copy of voided check.
Thank you 😊*