

# 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 1<sup>st</sup> 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 😊*