

Automatic Withdrawal Authorization Form

To set up direct draft, complete this form and return with voided check or savings deposit ticket.

(If we already have a bank account on file for you but you wish to make changes, simply indicate the new draft schedule you prefer and sign.)

Customer Name: _____

Name on bank account (if different from customer name): _____

Bank Name: _____ Branch: _____

Bank Phone#: _____ Account Type: Checking Savings Money Market

Routing#: _____ Account#: _____

To insure account number accuracy, we require that a voided check or savings deposit ticket be attached. We cannot accept a checking deposit ticket. Automatic debits will not be processed without the proper documents.

I hereby authorize the bank to withdraw funds from the account designated above for the items selected below (see Mariners Club membership rates on reverse).

- CALM – The Mariners Club annual slip rental – draft in full March 1 (no additional fee)
- CALM – The Mariners Club annual slip rental – draft in 12 monthly installments (\$8/month fee will be added) on the 1st of each month, March 1 – February 1
- CALM – The Mariners Club annual or summer amenities membership – draft in full March 1 (no additional fee)
- CALM – The Mariners Club annual amenities membership – draft in 12 monthly installments (\$4/month fee will be added) on the 1st of each month, March 1 – February 1
- CALM – Data services at The Pointe (phone, internet and/or cable TV) – draft the 1st of each month (no additional fee)
- Mariners Landing Water & Sewer Company, Inc. – monthly water and/or sewer services – draft the 10th of each month (no additional fee)
 - I prefer to have my monthly MLW&S invoice emailed to the email address below.
 - I prefer to have my monthly MLW&S invoice mailed to the mailing address below.

This authorization is to remain in full force and effect until I have provided written notification of its termination in such time and manner as to afford CALM and my depository institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____