



Santa Cruz Port District
AUTHORIZATION FOR PAYMENT - AUTOPAY

The undersigned authorizes the Santa Cruz Port District to initiate automatic deductions from the credit/debit card account specified below for payment of total monthly fees due, plus a 3% convenience fee assessed on the total balance due. Automatic payments will be debited on the 5th of each month or on the following business day if the 5th falls on a weekend or holiday). This authorization may be revoked by either party with three days' written notice.

To enroll, complete the Authorization for Payment form and email, fax, or mail the document to:

MAIL: 135 5th Avenue, Santa Cruz, CA 95062

FAX: (831) 475-9558

EMAIL: scpd@santacruzharbor.org

CUSTOMER INFORMATION

Customer Name: _____ Customer Account No: _____

AUTOPAY INFORMATION

Debit/Credit Card No.: _____ Expiration Date: _____

Billing Street Address: _____ Security Code (3 Digits): _____

Billing City, State, Zip: _____

PAPERLESS STATEMENTS

Email: _____

Enroll in Paperless Statements? Yes No

SIGNATURE: _____