



PORT OF THE ISLANDS  
 Premier District Management  
 P.O. Box 61288, Fort Myers, FL 33906  
 888-233-1144

## Auto Bill Pay/ ACH (Automatic Clearing House) Form

Completed forms can be mailed to the address above or faxed: 239-214-6074.

\_\_\_\_\_ **New Enrollment** \_\_\_\_\_ **Change in Financial Institution**

I (we) hereby authorize Port of the Islands to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

### Port of the Islands Services Account Information

\_\_\_\_\_  
 Name(s) shown on Port of the Islands Utility bill

\_\_\_\_\_  
 Service Address

\_\_\_\_\_  
 Port of the Islands Account number

\_\_\_\_\_  
 E-mail address

\_\_\_\_\_  
 Home telephone

### Financial Institution Information

\_\_\_\_\_  
 Name(s) on the Financial Institution Account

\_\_\_\_\_  
 Financial Institution Name

\_\_\_\_\_  
 Financial Institution Address

\_\_\_\_\_  
 City/State

\_\_\_\_\_  
 Zip code

\_\_\_\_\_  
 Routing Number

\_\_\_\_\_  
 Account Number

Type of Account (check one):  
 Checking  
 Savings

### **Payments will be deducted from your financial institution account on the due date stated on your bill.**

Automatic withdrawal will begin with the next billing cycle. Please continue to pay your bill until you see your EZ Payments appears on your statement.

Based on the information above, I hereby authorize Port of the Islands /Premier District Management to initiate entries to my account at the Financial Institution named above, and authorize that financial institution to debit my account for those entries. This authority is to remain in full force and effect until Port of the Islands has received written notification from the customer at least 30 days in advance of the next scheduled payment. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my Financial Institution. Port of the Islands also has the right to cancel this agreement for insufficient payments to my account.

\_\_\_\_\_  
 (Print individual Name)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)