

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 should be mailed to the address above.

_____ **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 Utility 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 AutoPay Payment appear 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)