



**BRICKYARD COVE MARINA**

1160 Brickyard Cove Road, Suite 110 Pt. Richmond, CA 94801  
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**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

I (we) hereby authorize **Brickyard Cove Marina**, hereinafter called **COMPANY**, to initiate debit entries to my (our) account(s) indicated below at the depository financial institution indicated below, hereinafter called DEPOSITORY for the purpose of monthly rent payments and, if necessary, adjustments for any entries in error to my account(s) indicated below to credit and/or debit the same to such account(s). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Tenant Information**

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Slip# \_\_\_\_\_

**Bank Information**

Bank Name \_\_\_\_\_  
Name on \_\_\_\_\_  
Account: \_\_\_\_\_  
Routing \_\_\_\_\_  
Number: \_\_\_\_\_

Account Type: Checking Savings Other \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Monthly payment summary:**

Berth Rental Slip # \_\_\_\_\_  
Dry Storage Rental Space# \_\_\_\_\_  
Storage Unit Rental Unit # \_\_\_\_\_  
Liveaboard Fee \_\_\_\_\_  
Office Space \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**TOTAL MONTHLY AMOUNT** \$ \_\_\_\_\_

**Payments will be processed on the 7<sup>th</sup> of each month. If the 7<sup>th</sup> falls on a holiday or weekend, the payment may not be processed until the next business day.**

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such a manner as to afford COMPANY and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Your Name (Please print legibly)

\_\_\_\_\_  
Signature Date

**NOTE: PLEASE ATTACH A VOIDED CHECK FOR EACH DEPOSITORY (BANK) ACCOUNT LISTED ABOVE. RETURN ITEMS SUBJECT TO \$25 FEE**