ENROLLMENT FORM FOR AUTOMATIC PAYMENT FROM A CREDIT/DEBIT CARD

MARINA VILLAGE MARINA • 1936 Quivira Way, San Diego, CA 92109 • Ph (619) 224-3125 • Fax (619) 222-0634

Completion of this form allows for your monthly marina fees to be paid via automatic withdrawal from a Visa or Mastercard. This includes debit cards with the Visa or Mastercard logo. There is presently no charge for this service. If you would like to enroll in automatic debit from a checking or savings account, please inquire with the Office. ***At this time we can only accept Visa or Mastercard.***

_____ Yes, I want to enroll in Credit Card Pay. I hereby authorize Marina Village (SCPT Marina Village, LLC – A Delaware Limited Liability Company, dba "Marina Village") to initiate monthly debit from the card below.

• **I am aware that slip fees are due & payable by the 1st of each month & not later than the 5th of each month. Electronic debit from the card below will occur between the 1st and 5th of each month (typically on the 3rd).** It is the responsibility of the tenant to ensure that the account on file has proper funds to cover the fees due, and all card information provided (including billing address) are up to date. If a card is lost or stolen, it is the tenant's responsibility to notify the marina immediately so that you can make other payment arrangements.

• Payments made for the month after the due date of the 5th of each month are considered late, and are subject to a 10% late fee, as per your lease agreement.

• Any fees that the marina incurs (such as NSF) as a result of a declined card will be passed on to the tenant and will be added to their next statement. Continuity of declined card debit attempts may revoke future auto debit privileges.

--- PLEASE PRINT OR TYPE INFORMATION ---

_____ _____ _____

TENANT'S NAME DOCK SLIP # DATE

CELL#: _____ /_____-_____ ALT #: _____ /_____-_____

Area Code Phone Number Area Code Phone Number

EMAIL ADDRESS: _____

_____ _____/_____ _____

Credit/Debit Card Number **Expiration Date** **CVV code**

_____

Name As Shown On Card ***(also list company name if shown on card)***

_____

Complete Billing Address of Card: (Street/Suite/Apartment/City/State/Zip)

_____

Card Holder's Signature

Completion of this form authorizes (SCPT Marina Village, LLC – A Delaware Limited Liability Company, dba "Marina Village") to collect scheduled fees and/or deposits. This authorization is to remain in full force and effect until Marina Village has received **written** notification from the tenant (or otherwise authorized party) in regards to termination in such time and in such manner as to afford Marina Village a reasonable opportunity to act on it.

_____ _____

Authorized MV Representative Signature Date