



GALVESTON WHARVES

• 123 Rosenberg Avenue 8th Floor, Galveston, Texas 77550
• Galveston (409) 765-9321 • Houston (281) 286-2484
• Fax (409) 766-6171 • Website: <http://www.portofgalveston.com>

**BOARD OF TRUSTEES OF
THE GALVESTON WHARVES**

Harry D. Maxwell, Jr., Chairman
Todd P. Sullivan, Vice Chairman
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Sheila S. Lidstone, Trustee
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Jeff Patterson, Trustee
Victor Pierson, Trustee

PORT DIRECTOR/CEO
Rodger Rees

THE PORT OF GALVESTON (GALVESTON WHARVES)

CUSTOMER AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

SECTION I – CUSTOMER INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip _____

Accounts Receivable Contact Name _____

Phone _____ Email _____

SECTION II – AUTHORIZATION AGREEMENT INFORMATION

Direct Deposit via EFT is the deposit of funds to the Port of Galveston (Galveston Wharves) account. I (we) hereby authorize **THE PORT OF GALVESTON (GALVESTON WHARVES)**, to electronically debit my (our) account listed below (and, if necessary, to electronically credit my (our) account to correct erroneous debits) at the financial institution named below ("DEPOSITORY"). I (we) agree that EFT transactions I (we) authorize comply with all applicable law.

Select Type of Account Checking Account Savings Account

Depository Name _____

Routing Number _____ Account Number _____

Name(s) on Account _____

Amount of credit(s) or method of determining amount of credit(s) _____

Date(s) and/or frequency of credit(s) _____

This authorization is to remain in full force and effect until THE PORT OF GALVESTON (GALVESTON WHARVES) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THE PORT OF GALVESTON (GALVESTON WHARVES) and the depository financial institution named above a reasonable opportunity to act on it.

(Authorized Individual(s) – please print)

(ID #)

(Authorized Signature)

(Date)