

Daniel Lurie, Mayor



Kat Anderson, Commission President  
Philip A. Ginsburg, General Manager

## SF Marina Payment Option Selection

**Berth Holder Name:** \_\_\_\_\_ **Berth #:** \_\_\_\_\_

Please select **ONE** desired option below:

- Enroll in Automatic Recurring Payments (Proceed to Option 1)**  
*I authorize REC to automatically process my quarterly rent and related charges using the payment method I provide, starting on the first day of each quarter.*
- Receive Online Invoices and Pay Manually (Proceed to Option 2)**  
*I would like to receive a digital invoice each quarter and will make my payment online using the secure payment link provided.*
- No Change – Keep My Current Payment Method**  
*I prefer not to enroll in recurring payments or online invoicing and wish to continue using my current payment method.*

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### Option 1: Recurring Credit Card Payments

**Berth Holder Full Name:** \_\_\_\_\_ **Berth #:** \_\_\_\_\_  
**Card Holder Full Name:** \_\_\_\_\_ **Card Last 4 Digits:** \_\_\_\_\_  
*(If different from Berth Holder)* **Card Expiration Year:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
**City, State, ZIP:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

By signing below, I authorize the City and County of San Francisco to charge my credit card for the full account balance associated with berth # \_\_\_\_\_ on a quarterly basis starting October 1, 2025. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City and County of San Francisco in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company, provided the transactions correspond to the terms indicated in this authorization form.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

### Option 2: Online Invoices

I authorize City and County of San Francisco to send electronic invoices to my email address \_\_\_\_\_. I affirm that this email address is authorized to receive billing communications and is associated with the primary berth holder on this account. I understand that these invoices will include secure payment links, allowing me to submit payments online.

**Berth Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

