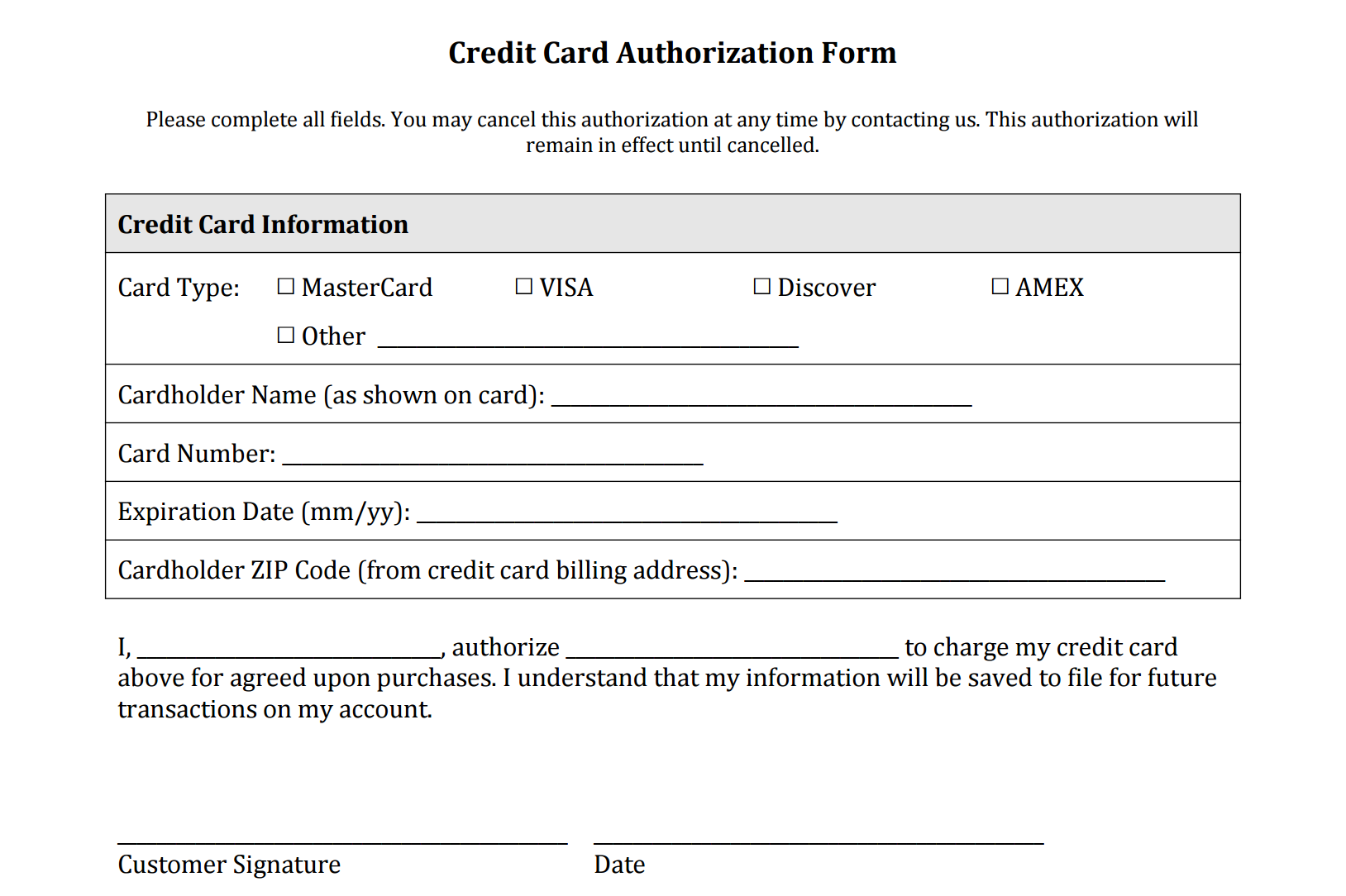
**City of Saxman/Saxman Seaport**

**Auto-Pay Autorization Form**



*For office use only:*

Description of services/monthly billing: