



## 2025 Processor Authorization Form

Name: \_\_\_\_\_

F/V: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle one of the following:

**Alaska General Seafoods**

**Trident Seafoods**

**OBI Seafoods**

**Silver Bay Seafoods**

**Other** \_\_\_\_\_

Please select one of the following amounts:

\_\_\_\_\_ **\$900 Skipper & Crew**    \_\_\_\_\_ **\$750 Skipper**

I hereby authorize the above indicated processor to deduct my chosen amount from my account and direct the processor to remit this amount within 180 days to the Southeast Alaska Seiners for membership dues.

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