



Please select one of the payment authorization options below. Return the completed form to the City Park corporate office or the parking facility office/booth. Thank you.

Facility: _____

CHECK THIS BOX IF YOU WANT TO PAY FOR MONTHLY PARKING FROM WITH YOUR CREDIT CARD

Credit Card Authorization Form

I authorize **San Francisco Parking, Inc. dba City Park** to charge the monthly payment fee of _____ (all rates are subject to change) for the City Park Account Number _____ at _____ (parking facility) to my credit card on the first day of each month. I agree to provide notification no later than 14 (fourteen) days prior to month end to cancel this authorization.

Name (as it appears on card): _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Other: _____

Name on Parking Account (Individual or Company): _____

Credit Card (circle one):

Visa Mastercard American Express Discover

Card Number: _____ **Expiration Date:** _____
/ /

Signature: _____ Date: / /

CHECK THIS BOX IF YOU WANT TO PAY FOR MONTHLY PARKING FROM YOUR CHECKING ACCOUNT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer/Company Name: _____ Company FED ID No.: _____

I (we) hereby authorize **San Francisco Parking, Inc. dba City Park**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____

Bank Branch Name & Address: _____

Bank Routing Number: _____ Customer Bank Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or authorized signer) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

E-Mail: _____

Signature: _____ Date: / /

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION

PLEASE ATTACH A VOIDED CHECK (OR COPY) TO THIS FORM

NOTE: ALL PARKING FEES WILL BE CHARGED TO CUSTOMER ACCOUNTS ON OR ABOUT THE FIRST BUSINESS DAY OF THE MONTH.