



AUTHORIZATION TO PAY PARKING BILL

NAME _____

PHONE _____

CITY/STATE/ZIP _____

FINANCIAL INSTITUTION _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____

ACCOUNT NUMBER _____

FINANCIAL INSTITUTION ABA / ROUTING NO.: _____

I (we) hereby authorize Downtown Auto Park to initiate monthly debits, beginning next month and continuing each month thereafter, for payment of my parking garage bill and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both Downtown Auto Park and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

By signing this authorization I understand that Downtown Auto Park will not send a monthly invoice. A monthly invoice will be sent only if there is a change in the amount billed.

Date _____ Signed _____