



Standard Parking®

AUTOMATIC PAYMENT AGREEMENT

Location Name: _____

Location Phone Number: _____

Customer #: _____

I hereby do authorize Standard Parking to automatically charge my account once per calendar month, on or before the 5th day of the month, for all accounts due on my monthly parking account. I understand that the amount of my monthly parking relates (to which I agree provided that Standard Parking sends prior written notice of the change), or because I choose to change the nature or status of my requested services (e.g., reserved/unreserved parking, etc.).

I understand by having my monthly parking fee processed via this Agreement, all applicable monthly amounts due will automatically be charged to my account and I will no longer receive a monthly bill. These procedures will remain in place unless and until I give Standard Parking at least 30 days written notice that I elect to terminate this service and resume normal monthly billing.

I further authorize a \$20.00 charge to my account in any case in which the automatic charge is rejected because my specified account has either been closed or there are insufficient funds to cover the charges owed.

I agree to give Standard Parking prompt written notice of any change in my account, and understand that Standard Parking must receive such notice by the 15th of a month in order for it to be effective as part of the next months billing cycle.

I understand that if my account contains insufficient funds to satisfy all current parking charges, my right of access to and from the Garage may be suspended or terminated (including, without limitation, keycard deactivation). If my account remains delinquent after notice from standard parking; I understand that my car may be locked up, moved within or removed from the Garage, and I agree that Standard Parking shall have no liability whatsoever for any damage that may arise in connection therewith.

(Print Name)

(Signature)

(_____)
(Daytime Phone Number)

(Signature of joint depositor, if joint account)

(Date)

(Date)

(Last 4 digits of Credit Card)

(Last 4 digits of Credit Card)

Attention Bookkeeper: After entering information below in the system you are required to shred and discard this portion. Please file the portion above with your records.

CREDIT CARD Visa Mastercard American Express Discover

Credit Card #: _____ Expiration Date: _____

Print Name as it appears on credit card _____

BANK ACCOUNT Checking (include a void check) Savings (include a deposit ticket)

Bank Name: _____ Bank Account #: _____

Your Transit/ABA#: _____
(Your bank/ABA number will always be 9 digits and will begin and end with these marks “:.”)