



EMPLOYER PAY AUTO PAY FORM

I/We authorize the Springfield Parking Authority to charge the credit card shown below on a monthly basis. This authority will remain in effect until I/we notify the Springfield Parking Authority within 30 days in writing to cancel this agreement. Springfield Parking Authority also reserves the right to cancel this agreement at anytime without notice. I / We understand that the credit card payment will be processed on the 1st business day of each month.

Name of Company: _____

Company Address: _____

City State ZIP: _____

Telephone # _____

Number of Parkers: _____

Garage: _____ Account # _____

Name of Parker: _____

Name of Parker: _____

Name of Parker: _____

Name of Parker: _____

Name of Parker: _____

Name of Parker: _____

PLEASE PRINT ONLY ALL INFORMATION

Type of credit card: _____ MasterCard _____ Visa _____ Amex _____ Discover

Amount \$ _____ Last 4 Digits of Credit Card: _____ Start Date: _____ End Date: _____

Name as it appears on the credit card: _____

Billing Address: _____

City State ZIP: _____

Signature: _____ Date: _____

E-Mail Address: _____

For Office Use Only:

Completed By: _____	Date: _____
Comments: _____	



EMPLOYER PAY AUTO PAY FORM

Name of Company: _____

Number of Parkers: _____

Amount \$ _____

Auto Pay Update: Y / N

Credit Card # _____

CVV (Security Code) # _____
Amex 4 digit on front of card

Expiration Date: _____

Signature: _____

Date: _____