



SPRINGFIELD PARKING AUTHORITY
150 BRIDGE STREET
SPRINGFIELD MA 01103-1417
Phone (413) 787-6118
Fax (413) 787-6165

AUTO PAY CANCELLATION FORM

This form is to be used when there is a termination of payment by automatic credit card payments. Cancellations should be received 30 days in advance.

Any usage of the keycard in the month will incur the monthly fee as stated in the Monthly Parker Agreement.

Today's Date: _____

Name of Parker: _____

Company Name: _____

Tag / Card #: _____ Garage: _____ Account #: _____

Effective Date of Parking Cancellation: _____ (MM/DD/YY)
(last day you will be parking)

Effective Date of Auto Pay Cancellation: _____ (MM/DD/YY)
(last month to charge for parking)

For Office Use Only:

Completed By:	Date:
Last Date of Key Card Usage:	
Comments:	