# ACH—Direct Debit Application

Rev. 30 June 2009

PARK Smart™

Account Name | Today's Date

Address

City | State | Zip Code

Keycard User Name

E-mail address

Work Phone | Home Phone | Fax

Primary Vehicle License Plate # and State of Origin | Primary Vehicle Make, Model , Color

Account Number | Key Card Number | Reserved Space Number (if applicable)

WE MUST SEE YOUR PHOTO I.D.

## Select Garage AND Type of Account

| | | |
|---|---|---|
| ☐ Port Lawrence Parking Facility | ☐ $72 Monthly Key Card | ☐ $85 Monthly Key Card with Reserved Space<br>☐ $110 Monthly Key Card with Premium Reserved Space |
| ☐ Superior Parking Facility | ☐ $78 Monthly Key Card | ☐ $95 Monthly Key Card with Reserved Space |
| ☐ Vistula Parking Facility | ☐ $72 Monthly Key Card | ☐ $95 Monthly Key Card with Reserved Space |

ALL INFORMATION REQUIRED TO PROCESS APPLICATION

## Financial Institution Information

Financial Institution:

Financial Institution ABA/Routing Number:

☐ Savings ☐ Checking

Account Number:

I would like to begin with the month of _____ (MM/YYYY) and continue each month until _____ (MM/YYYY)

I (we) hereby authorize ParkSmart 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 ParkSmart and my financial institution reserve the right to terminate this agreement in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

The transfer date will be the first business day of the month. Continue to pay your bill as usual until you receive an invoice reflecting the Direct Payment. It will take approximately one month to initiate this transaction. You have ten days to contact our office if you have any questions regarding your transfer. **Attach a voided check to this form.**

Regular Transfer Amount: _____

_____
Signature

PARIS ____