

# Application for Direct Debit

## Authorization to Pay ParkSmart Monthly Invoice

---

I authorize ParkSmart to charge my account as described below for payment of my monthly parking fee. You may begin this process with the next monthly payment and may continue each month thereafter. This authorization shall remain in effect until revoked by me in writing prior to the subsequent billing period. I understand that the Downtown Toledo Parking Authority, ParkSmart or my financial institution reserve the right to terminate this plan or my participation in the plan.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parking Facility** (check one):  **Port Lawrence**     **Superior**     **Vistula**

### **Account Information:**

Financial Institution (FI) \_\_\_\_\_

FI 9 Digit Routing Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ (located at the bottom of your check)

Account Number: \_\_\_\_\_ (also at the bottom of your check)

Account Type (check one):     Checking     Savings

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Please complete and sign this form.**

Return (or mail) to the ParkSmart Service and Information Center, *Attn: Accounts Dept.*, 227 N. St. Clair St., Toledo, OH 43604. Include a voided check or deposit slip. Your first automatic payment date will be confirmed by mail or by e-mail if address is provided above. Thank you.