Port Atwater Parking
200 Beaubien
Detroit, Mi. 48226
Office: 313 259-3595
Fax: 313 259-4833

Credit Card Authorization Form

This form gives PORT ATWATER PARKING the authorization to keep your credit/debit card information and signature on file in order to charge your credit/debit card for recurring payments of your monthly fee beginning on the effective date at the bottom of this form. Your credit/debit card will be charged on the 1st business day of every month until we are advised in writing to cancel your payments. Please make sure all cancellation notices are submitted at least 3 business days prior to your next scheduled payment.

APPLICANT'S INFORMATION

(Please PRINT CLEARLY in blue or black ink)

Enter the name of person this payment is being made for:

Last Name:		First Name:	
Parking Acct No:		*Amount:	
Day Time Phone No:		Email Address:	

***With prior notice this amount may be adjusted to reflect a monthly parking price increase or decrease.**

CREDIT CARD INFORMATION

Name On Credit Card:					
Street Address:					
City:		State:		Zip Code:	

Charge to the following credit card:

Visa:		Master Card:		AMEX:		Discover:	
Credit Card No:							
Expiration Date:							
Effective Date of First Payment:							
Cardholder Signature:							
Date:							