



**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 1<sup>st</sup> 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 and CVV Code:							
Effective Date of First Payment:							
Cardholder Signature:							
Date:							