

PARK KWIK LLC
45 MAIN STREET
FLOOR 12
BROOKLYN, NY 11201



Auto Pay Form

Account No.:	
Customer's Name(s):	
Cardmember's Name(s): <i>(if different than customer)</i>	
Cardmember's Address:	_____
Credit/Debit Card Type: <small>(Please Check Box)</small>	<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Credit/Debit Card No.:	
Expiration Date:	

I (We) hereby authorize **PARK KWIK LLC** to initiate debt entries to my (our) credit/debit card account indicated above and to debit the same to such account. I (We) acknowledge that the organization of transactions to my (our) account must comply with the provisions of U.S. law. This authority will remain in effect until I (we) notify you in writing to cancel it (abiding by the terms and conditions of the agreed monthly parking agreement specifying a full calendar month's written notice of termination effective the last day of the following month) in such time as to afford the financial institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

NOTE: ALL MONTHLY CHARGES WILL BE DEBITED ON OR AROUND THE 1ST OF THE MONTH UNLESS AUTHORIZATION HAS BEEN DECLINED. BY REGISTERING FOR AUTOMATIC BILLING, YOU DECLINE THE RECEIPT OF MONTHLY INVOICES.

(Office)	
Date Entered:	