

PARK KWIK LLC  
45 MAIN STREET  
12th FLOOR  
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 1<sup>ST</sup> OF THE MONTH UNLESS AUTHORIZATION HAS BEEN DECLINED. BY REGISTERING FOR AUTOMATIC BILLING, YOU DECLINE THE RECEIPT OF MONTHLY INVOICES.**

<b>(Office)</b>	
Date Entered:	