

# ACH—Direct Debit Application

Rev.33 Mar 2016



Account Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Keycard User Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Account Number \_\_\_\_\_

Key Card Number \_\_\_\_\_

Reserved Space Number (if applicable) \_\_\_\_\_

## Select Garage AND Type of Account

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Port Lawrence Parking Facility | <input type="checkbox"/> \$77 Monthly Key Card | <input type="checkbox"/> \$91 Monthly Key Card with Reserved Space          |
| <input type="checkbox"/> Superior Parking Facility      | <input type="checkbox"/> \$84 Monthly Key Card | <input type="checkbox"/> \$118 Monthly Key Card with Premium Reserved Space |
| <input type="checkbox"/> Vistula Parking Facility       | <input type="checkbox"/> \$77 Monthly Key Card | <input type="checkbox"/> \$102 Monthly Key Card with Reserved Space         |
| <input type="checkbox"/> Vistula Surface Lot            |  | <input type="checkbox"/> \$118 Monthly Key Card with Premium Reserved Space |
|   |  | <input type="checkbox"/> \$91 Monthly Key Card with Reserved Space          |

## Financial Institution Information

Financial Institution: \_\_\_\_\_

Financial Institution ABA/Routing Number: \_\_\_\_\_

Savings  Checking

Account Number: \_\_\_\_\_

I would like to begin with the month of \_\_\_\_\_ and continue each month until \_\_\_\_\_  
MM/YYYY MM/YYYY

I (we) hereby authorize ParkSmart to initiate monthly debits, beginning next month and continuing each month thereafter, for payment of my parking garage bill and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both ParkSmart and my financial institution reserve the right to terminate this agreement in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

The transfer date will be the first business day of the month. Continue to pay your bill as usual until you receive an invoice reflecting the Direct Payment. It will take approximately one month to initiate this transaction. You have ten days to contact our office if you have any questions regarding your transfer. **Attach a voided check to this form.**

Regular Transfer Amount: \_\_\_\_\_

Signature \_\_\_\_\_

PARIS \_\_\_\_\_

WE MUST SEE YOUR PHOTO I.D.

ALL INFORMATION REQUIRED TO PROCESS APPLICATION