



Reading Parking Authority

Automatic Payment Agreement Form

Authorization Agreement

I hereby authorize **Reading Parking Authority** to initiate automatic withdrawals from my credit card account listed below. The withdrawal will occur on the 1st of every month.

Further, I agree not to hold **Reading Parking Authority** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until **Reading Parking Authority** receives a written notice of cancellation from me or my financial institution. Cancellation must be made 5 business days prior to the next withdrawal.

Account Information

Name on Credit Card:			
Credit Card Account Number		Exp. Date	
Credit Card Billing Address			
Permit Number & Garage		Amount	
Email Address (to provide receipt)			

Signature

Authorized Signature :		Date :	

Office Use Only:

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