

**SPRINGFIELD PARKING AUTHORITY (SPA)
150 BRIDGE STREET
SPRINGFIELD MA 01103
Phone (413) 787-6118
Fax (413) 787-6165**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENTS
TO PAY FOR MONTHLY PARKING AT SPA FACILITIES**

CHANGE OF CREDIT CARD INFORMATION

I/We authorize the Springfield Parking Authority (SPA) to initiate debits to my/our credit card on a monthly basis. This authority will remain in effect until I / We notify the SPA within 30 days in writing to cancel this agreement. The SPA also reserves the right to cancel this agreement at anytime without notice. I / We understand that the credit card payment will be processed by the 5th business day of each month.

Name of Monthly Parker _____

Tag Key Number _____ Garage _____

Type of credit card: _____ MasterCard _____ Visa _____ American Express

Amount \$ _____ Start Date _____ End Date _____

Credit Card # _____ Expiration Date _____

Name as it appears on the credit card _____

Signature _____ Date _____