

# AUTO PAY CHANGE FORM

SPRINGFIELD PARKING AUTHORITY (SPA)

Phone 787-6118

Fax 413-787-6165

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

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 on the first business day of each month. I/We understand that the amount charged will increase if the SPA parking rates increase

GARAGE\_\_\_\_\_

AMT\_\_\_\_\_

TAG/KEYCARD #\_\_\_\_\_

TAG/KEYCARD #\_\_\_\_\_

NAME (S) \_\_\_\_\_

CC # \_\_\_\_\_ EXP \_\_\_\_\_

MASTER\_\_\_\_\_ VISA\_\_\_\_\_ AMEX\_\_\_\_\_

SIGNATURE\_\_\_\_\_

START DATE\_\_\_\_\_