

**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**

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 day of each month.

Name of Monthly Parker \_\_\_\_\_

Tag Key Number \_\_\_\_\_ Garage \_\_\_\_\_

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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 \_\_\_\_\_