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**SPRINGFIELD PARKING AUTHORITY (SPA)
REPUBLIC PARKING SYSTEM (RPS)
146 CHESTNUT STREET
SPRINGFIELD MA 01103
Phone (413) 731-0006
Fax (413) 731-0012**



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

I/We authorize Republic Parking System to charge the credit card shown below on a monthly basis. This authority will remain in effect until I/we notify Republic Parking System within 30 days in writing to cancel this agreement. Republic Parking System 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 1st business day of each month.

Name of Monthly Parker _____

Tag Key # _____ Garage _____ Account # _____

PLEASE PRINT ONLY ALL INFORMATION

Type of credit card: _____ MasterCard _____ Visa _____ Amex _____ Novus

Amount \$ _____ Start Date _____ End Date _____

Credit Card # _____

CVV (Security Code) # _____ Expiration Date _____

Name as it appears on the credit card _____

Telephone # _____

E-Mail Address: _____

Credit Card Mailing Address: _____

Name

Address

City / Town

State

Zip + 4

Signature _____

Date _____