



**Standard Parking®**

## AUTOMATIC PAYMENT AGREEMENT

**Location Name:** St. Anthony Falls Ramp

**Location Phone Number:** 612-371-0938

**Customer #:** \_\_\_\_\_

I hereby authorize Standard Parking to automatically charge my account once per calendar month, on or before the 5<sup>th</sup> day of the month, for all amounts due on my monthly parking account. I understand that the amount of my monthly parking relates (to which I agree provided that Standard Parking sends prior written notice of the change), or because I choose to change the nature or status of my requested services (e.g., reserved/unreserved parking, etc.).

I understand by having my monthly parking fee processed via this Agreement, all applicable monthly amounts due will automatically be charged to my account and I will no longer receive a monthly bill. These procedures will remain in place unless and until I give Standard Parking at least 30 days written notice that I elect to terminate this service.

I further authorize a \$10.00 charge to my account in any case in which the automatic charge is rejected because my specified account has either been closed or there are insufficient funds to cover the charges owed.

I agree to give Standard Parking prompt written notice of any change in my account, and understand that Standard Parking must receive such notice before the 10<sup>th</sup> of a month in order for it to be effective as part of the next month's billing cycle.

I understand that if my account contains insufficient funds to satisfy all current parking charges, my right of access to and from the Garage/Lot may be suspended or terminated (including, without limitation, keycard deactivation). If my account remains delinquent after notice from Standard Parking; I understand that my car may be locked up, moved within or removed from the Garage, and I agree that Standard Parking shall have no liability whatsoever for any damage that may arise in connection therewith.

\_\_\_\_\_  
(Print Name) (Signature)

(\_\_\_\_\_) \_\_\_\_\_  
(Daytime Phone Number) (Signature of joint depositor, if joint account)

\_\_\_\_\_  
(Date) (Rate) (Access Card#)

\_\_\_\_\_  
(Last 4 digits of Credit Card)

### For Office Use Only

Detach this portion of the Agreement. Once the data has been used to process the transaction, this portion of the Agreement must be immediately destroyed by shredding.

<b>CREDIT CARD</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Credit Card #: _____      Expiration Date: _____ Print Name as it appears on credit card: _____
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<b>BANK ACCOUNT</b> <input type="checkbox"/> Checking (include a void check) <input type="checkbox"/> Savings Account (include a deposit ticket) Bank Name: _____      Bank Account #: _____ Bank Transit/ABA#: _____ (Your bank/ABA number will always be 9 digits and will begin and end with these marks "·:")
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