



Kearny Street Parking LLC

AUTOMATIC PAYMENT AUTHORIZATION FORM

PARKER INFORMATION	
DATE:	
NAME:	
PHONE:	
ADDRESS:	
EMAIL:	
EMPLOYER:	
PARKING SPACE #:	

NAME ON CARD	CREDIT CARD TYPE	EXPIRATION DATE	LAST 4 DIGITS* OF CREDIT CARD #
			XXXX-XXXX-XXXX- <hr style="border: 0.5px solid black;"/>

*Please do not include the full credit card number on this form. We will call you for the full credit card number.

I hereby authorize Kearny Street Parking LLC to process this credit card each month for the payment of my monthly parking. I will notify Kearny Street Parking LLC by the 1st of the month should I elect to pay for parking by other means and do not want this credit card to be used for payment. This arrangement is terminable upon written notice.

Cardholder Signature: _____ **Date:** _____