1220 South Tryon Street Garage

CONTRACT SIGN-UP FORM

Personal Information: **Today's Date:** _____

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Work Information: **Email Address:** _____

Employer: _____

Address: _____

Floor/Suite Number/Department: _____ Phone: _____

Car Information:

Make: _____ Model: _____

Color: _____ Year: _____ License Plate No: _____

PARKING RATE: _____ rate per month (subject to published rate increases).

Method of Payment (please check one):

☐ **Automatic Draft** - *Your personal bank account will be drafted each month. Please fill out Automated Debit Authorization form.* ***CANCELLATION DEADLINE - 15TH OF THE MONTH PRIOR TO EFFECTIVE DATE OF CANCELLATION.***

☐ **Credit Card**

☐ **Company Paid -** Company Name: _____

Company Phone: _____

☐

I have received a copy of the rules and regulations for the parking facility and agree to the rules and regulations. I understand that my bank account will be drafted each month for the rate amount stated above, including any posted rate increases. I understand I will be charged $25 per occurrence for any insufficient funds. I acknowledge that I have the right to terminate this contract by the 15th of any month prior to the effective date of cancellation.

Signature: _____

For Office Use Only: **Parking Start Date:** _____

Check attached: _____

Card number: _____ **Reserved Space Number:** _____

Approval: _____

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AUTOMATIC DEBIT AUTHORIZATION AGREEMENT

For Prearranged Payments (Debits)

This is my authorization to Spectrum Parking LLC to automatically debit my __ checking __ savings account.

(_____)_____ at _____ in
Bank Transit /ABA # Account No. Financial Institution

_____,_____.
City State

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

_____
Customer Name (Please Print)

_____
Customer Phone Number

By entering my first & last name below, I agree to all of the terms and conditions stipulated on this Automated Debit Authorization Agreement.

_____
Signature Date

ATTACH VOIDED CHECK HERE.

Operated by Spectrum Parking, LLC: 300 South Tryon Street, Suite 200, Charlotte, NC 28202, tel no. 704.358.1000 or parking@spectrumcos.com