

**ATTENTION MONTHLY CUSTOMERS**  
**Direct Debit Payment Service**

Direct Payment service will allow BCAR to collect authorized payments for monthly parking fees by directly **debiting** a checking or savings account each month from the customer's financial institution.

Advantages:

- This option will eliminate the need to remember to make the payment each month.
- Customers no longer have the expense associated with writing and mailing a check.
- Late fees and the inconvenience of having your access card locked out will be eliminated.
- Eliminates extra time needed to wait in line at the cashier booth to make payment.

To take advantage of this new service, please provide account information and authorization below.

**Authorization Agreement for Direct Debit Entries**

I (we) hereby authorize Buffalo Civic Auto Ramps, Inc. to initiate debit entries to my (our) ( ) Checking Account ( ) Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for monthly parking at the current rate. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

**The amount will be debited from your account on the first business day each month.**

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**(Please attach a voided check to accurately obtain depository and account number information)**

This authorization is to remain in full force and effect until Buffalo Civic Auto Ramps has received written notification from me (or either of us) of its termination.

**All notices must be received by the 26<sup>th</sup> day of the month prior to the month to be cancelled.**

Name \_\_\_\_\_ Location \_\_\_\_\_ AVI# \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Daytime Telephone # ( ) \_\_\_\_\_ ext. \_\_\_\_\_

If receipt is needed for pretax parking program enter email address \_\_\_\_\_