

Credit Card Payment Authorization Form

CREDIT CARD HOLDER INFORMATION

Please check credit card type:

Visa MasterCard Discover

Credit card number: _____

Expiration date : _____ / _____ (mm/yy)

Three digit Security Code: _____ (This code is found on the back of the credit card)

Exact name as it appears on the credit card: _____

Billing Zip Code: _____

Amount to be charged: \$ _____

Daytime phone number: _____

I hereby authorize Buffalo Civic Auto Ramps, Inc. to charge the above credit card each month for my monthly parking fee at the current rate. I acknowledge that the amount will be charged to my account on the first day each month.

This authorization is to remain in full force and effect until Buffalo Civic Auto Ramps has received written notification of its termination. **All cancellation notices must be received by the 26th day of the month.**

Cardholder Signature: _____ Date: _____

Name: _____ Location _____ AVI# _____

Email address for notification of payment _____