

**CITY OF MADISON MONTHLY PARKING PROGRAM
CREDIT CARD AUTHORIZATION FORM**

Permit #: _____

Name: _____

Address: _____ APT _____

City, State, Zip: _____

Email: _____

Billing Address (if different from above): _____

City, State, Zip: _____

Parking Facility: _____

Monthly Amount: _____

I hereby authorize the Madison Parking Utility to process an automatic credit card charge for the Monthly Amount indicated above on the **last work day of each month**, for the **following month's** rent, until such time as I discontinue participation in the monthly parking program and/or request discontinuation of such credit card charges. (Note: The Parking Utility reserves the right to revoke this payment option with 30-days notice.)

This authorization is effective _____.

I would like to use the following credit card:

MasterCard _____ Visa _____ (Sorry, we do not accept any other credit cards at this time.)

_____|_____|_____|_____|_____/_____
(Account Number) (Expiration Date)

3 Digit Number as it appears on the back of the credit card: ____ _ ____.

Cardholder's Name as it appears on credit card (please print): _____

Authorized Signature: _____

Date

Please return this completed form by mail or in person to:

Madison Parking Division
Madison Municipal Building
215 Martin Luther King Jr, Blvd, Suite 109
P O Box 2986
Madison, WI 53703-2986

Or FAX to: (608) 267-1158

Office hours are 7:30 AM to 4:30 PM, Monday through Friday. Phone: (608) 266-4761.