



Electronic Funds Transfer Authorization Form

This form MUST be accompanied by a Printed Voided Check

Customer Information

First Name* _____

Last Name* _____

Phone number* _____

Address* _____

Email Address* _____

ProPark Location* _____

Please include apt/suite number and city/ state/zip

Bank Information

Bank Name* _____

Routing # (9 digits)* _____

Account Owner* _____

Account #* _____

Account Type* _____

Bank Address* _____

Amount* _____

This amount will be deducted from your account on the 1st of every month.

Please include apt/suite number and city/ state/zip

Final Authorization

I, _____ ("Purchaser") authorize ProPark, Inc. to electronically debit my account noted above via electronic transfer (ACH) an to credit/debit the bank account identified herein for payments or refunds relating to services under the Monthly Parking Agreement by and between ProPark Inc. and Purchaser to which this authorization form is attached. This authorization form shall remain in effect unless and until ProPark, Inc. has received thirty (30) days' written notice from Purchaser that Purchaser is terminating this authorization. The undersigned represents and warrants to ProPark Inc. that the person executing this authorization form is an authorized signatory on the account referenced above and all information regarding the account and account owner is true and correct.

Account Owner Signature* _____

Date* _____

Print Name* _____

Please attach pre-printed, voided check

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