



## Auto Debit (ACH) Authorization Form

### AUTHORIZATION AGREEMENT

I hereby authorize **One Parking** hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary credit entries and adjustments for any debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such amount. This authority is to remain in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CHECK ONE:

- ( ) **YES** – I would like to participate in the Auto Debit Program. Please debit my account based on the information below.

Start Month: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Parking Facility: \_\_\_\_\_

- ( ) **CHANGE** – Please make changes to my Auto Debit Account based on the information below.

- ( ) **STOP** – Please stop my participation in the Auto Debit Program.

### ACCOUNT INFORMATION

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

Financial Institution Address: \_\_\_\_\_

### SIGNATURE

Authorized Name (Please Print): \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Name Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check and email this form to  
ar@oneparking.com

\* To test the Bank Account information you have provided above, before your monthly Auto Debit begins, 1 cent may be credited to your Account.