



# Credit Card Charge & Authorization Form Application/Agreement

Name(Individual or Company) \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name MI

Address \_\_\_\_\_  
Street City State Zip

Check here to receive your receipt via email

Phone Number \_\_\_\_\_  
Residence Work Email

### Payment Information – Details of Service

Monthly Permits Facility Name: \_\_\_\_\_ Account/Card # \_\_\_\_\_

Meter Reservations Invoice # \_\_\_\_\_ Event Dates: \_\_\_\_\_

Special Event Coupons Facility Name: \_\_\_\_\_

Merchant Validation Coupons Facility Name: \_\_\_\_\_

Updating Credit Card Information On File

### Authorization - Please check one

Monthly AutoPay Deduction AutoPay Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Recurring Amount: \$ \_\_\_\_\_

Meter Reservations, Merchant Validations or Special Event Coupons Charge Amount: \$ \_\_\_\_\_

Credit Card Type:  Visa  MasterCard

Credit Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-digit CVV code: \_\_\_\_\_

*I hereby authorize the City of Sacramento Parking Services Division to deduct payment for services from my credit card that I provided above. I understand that all automatic credit card deductions are processed by a third party vendor authorized by Bank of America. I accept that I will be charged the current prevailing rate for the services I requested. I declare the above information is true and correct and I acknowledge that it is my responsibility to notify the Parking Services Division of any changes to my services or to my credit card account. I confirm that my credit card statement will serve as my receipt for the above transaction.*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application may be mailed, faxed or physically delivered to the Parking Services Customer Service Desk.**

**Mailing Address:**  
City of Sacramento, Parking Services Division  
300 Richards Blvd, Second Floor  
Sacramento, CA 95811  
Phone: (916) 808-5110 Fax (916) 808-5115

**Physical Address:**  
City of Sacramento, Revenue Services  
915 I Street, Room 1214  
Sacramento, CA 95814

Customer Service Rep: \_\_\_\_\_ Date: \_\_\_\_\_ **Office Use Only** Accounting Rep: \_\_\_\_\_ Date: \_\_\_\_\_

New  Replacement  Individual Access Card  Company Account  Carpool

Access Card # \_\_\_\_\_ Account # \_\_\_\_\_ Participant # \_\_\_\_\_ Card Fee Paid: \$ \_\_\_\_\_ Amount Paid: \_\_\_\_\_