

City of
SACRAMENTO
*** Credit Card Charge Authorization *
& Automatic Payment Agreement**

NAME <small>(As it Appears on Credit Card)</small>					
BILLING ADDRESS	Street		City, State		Zip Code
CONTACT	PHONE		EMAIL		

**Please provide your email for payment confirmations.*

PAYMENT SERVICE REQUESTED: CHECK ONE

- New Parking Customer
 Update Existing Credit Card
 Meter Reservations
 Merchant Validation Coupons
 Special Event Coupons

Parking Location or Facility Name: _____

Parking Account # or Garage Access Card # _____ Invoice #: _____

For Special Events and Meter Reservations, Please Complete the following:
Attach additional pages if needed for description.

Event Details	Event Date		Event Time(s)		Event Location	
	Event Description					

AUTHORIZATION

Desired Start: ____/____/____ **Recurring Amount: \$** _____ **One Time Charge: \$** _____

I hereby authorize the City of Sacramento Parking Services Division to deduct payment for services from my credit card that I provided below. I understand that all automatic credit card deductions are processed through a third party vendor authorized by the City of Sacramento. 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:** _____

OFFICE USE ONLY:
 CyberSource # _____ CS Amt \$ _____ Entered Date: _____ Entered by: _____

For your protection, the Parking Services Division does not accept credit card numbers via EMAIL. Credit Card Authorization must be mailed, faxed, or physically delivered.

Mailing Address:
 City of Sacramento, Parking Services Division
 300 Richards Blvd, Second Floor
 Sacramento, CA 95811

Customer Service Office:
 City of Sacramento, Revenue Services
 915 I Street, Room 1214
 Sacramento, CA 95814

PHONE: (916) 808-5110 FAX: (916) 808-5115

CREDIT CARD INFORMATION:

****This portion of the form is destroyed after processing****
PLEASE WRITE VERY CLEARLY TO AVOID DELAYS OR PROCESSING ERRORS:

Check One: Visa MasterCard Discover American Express

Credit Card Number: _____ **EXP. DATE:** _____ **3-digit CVV code:** _____