



# 300 South Tryon Street Garage

Operated by Spectrum Parking LLC

## CONTRACT SIGN-UP FORM

**Personal Information:**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work Information:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Floor/Suite Number/Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**Car Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**Method of Payment (please check one):**

- Automatic Draft** – Your personal bank account will be drafted each month. Please fill out an Automated Debit Authorization Form. **CANCELLATION DEADLINE – 15<sup>th</sup> of the month prior to effective date of cancellation.**
- Company Paid** – Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Wage Works** (Parker is responsible for signing up through his/her employer's Human Resources Dept.)

*I have received a copy of the rules and regulations for the parking facility and agree to the rules and regulations. I understand that my bank account will be drafted each month for the rate amount stated above, including any posted rate increases. I understand I will be charged \$25 per occurrence for any insufficient funds. I acknowledge that I have the right to terminate this contract by the 15th of any month prior to the effective date of cancellation.*

Signature: \_\_\_\_\_

<b>For Office Use Only:</b>	Parking Start Date: _____
Check Attached: _____	
Card Number: _____	Reserved Space Number: _____
Approval: _____	

*For questions and inquires:*

*300 South Tryon Street, Suite 200, Charlotte, North Carolina 28202*

*tel. no. 704 333 9783 or parking@spectrumcos.com*



# 300 South Tryon Street Garage

## Automatic Debit Authorization Agreement

*For Prearranged Payments (Debits)*

This is my authorization to Spectrum Parking LLC to automatically debit my \_\_\_checking \_\_\_savings account.

( \_\_\_\_\_ ) \_\_\_\_\_ at \_\_\_\_\_ in  
Bank Transit/ABA # Account Number Financial Institution

\_\_\_\_\_  
City State

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution written notice identifying the entry, stating that it is in error and requesting credit back to my account.

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.**

\_\_\_\_\_  
Customer Name (Please Print)

\_\_\_\_\_  
Customer Phone Number

**By entering my first & last name below, I agree to all of the terms and conditions stipulated on this Automated Debit Authorization Agreement.**

\_\_\_\_\_  
Signature Date

ATTACH VOIDED CHECK HERE.

Parking operations are managed by Spectrum Parking LLC

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