

300 South Tryon Street Garage

Operated by Spectrum Parking, LLC

PARKING TERMINATION FORM

Today's Date:	Effective Date	e of Termination:		
Monthly Amount Paid:		Card #:		
Personal Information:				
Name:				
Home Address:				
City:	, State:	, Zip:	Phone:	
Work Information:				
Employer:				
Address:				
Floor/ Suite Number/ [Department (if application	ble)	Phone:	
Method of Payment:				
Wage Works – Av	ailable to Wells Fargo	employees only. Ple	ease complete payroll d	leduction termination form.
Automatic Draft -	- Your personal bank a make sure your auto			k your bank statement to
	Company Name:			
	Company Phone:			
Signature:				
Office Use Only:				
Returned?			Date of Card Return?	
on for Termination:				
number:			Reserved Space Number	er:
oval:				

For questions and inquires: