SPECTRUM

230 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 – 15th 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: _____

For Office Use Only: 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

230 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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