



230 South Tryon Street Garage
Operated by Spectrum Parking, LLC

PARKING TERMINATION FORM

Today's Date: _____ Effective Date of Termination: _____

Monthly Amount Paid: _____ Card #: _____

Personal Information:

Name: _____

Home Address: _____

City: _____, State: _____, Zip: _____ Phone: _____

Work Information:

Employer: _____

Address: _____

Floor/ Suite Number/ Department (if applicable) _____ Phone: _____

Method of Payment:

___ **Wage Works** – Available to Wells Fargo employees only. Please complete payroll deduction termination form.

___ **Automatic Draft** – Your personal bank account is drafted each month. Please check your bank statement to make sure your automatic draft has been canceled.

___ **Company Paid** – Company Name: _____
Company Phone: _____

Signature: _____

For Office Use Only:

Card Returned? _____ Date of Card Return? _____

Reason for Termination: _____

Card number: _____ Reserved Space Number: _____

Approval: _____

For questions and inquires:

300 South Tryon Street, Suite 2000, Charlotte, North Carolina 28202

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