

MONTHLY PARKING PREAUTHORIZED PAYMENT AUTHORIZATION

Customer Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

I hereby authorize SP Plus Corporation Canada (The “Licensor”) to automatically charge the below payment method or bank account identified below for all amounts due under the above parking agreement. I understand that the amount of my monthly parking charge may increase or decrease from time to time because of changes in applicable parking rates (to which I agree). I understand that by having my parking charges processed via this agreement, all applicable parking charges due will automatically be charged the selected payment method and I will not receive a monthly invoice, unless specifically requested. These procedures will remain in place unless and until I terminate the parking agreement in accordance with its terms. I further authorize a \$25.00 charge to my account in any case in which the automatic charge is rejected.

CREDIT CARD AUTHORIZATION

Credit Card Type: VISA MasterCard American Express

Credit Card #: _____

Expiry Date: _____ CCV: _____

Preauthorized Bank Withdraw

Attach a void cheque or bank provided direct payment form

Signature: _____

Date: _____