



COLONIAL PARKING, INC. AUTOPAY
AUTHORIZATION FROM

Internal Use Only	
<input type="text"/>	<input type="text"/>
Processed By (INTL)	Date Entered

Dear Valued Customer:

Thank you for selecting Colonial Parking, Inc. as your parking provider,

To enroll in our AutoPay recurring payment program; please complete this form and return by e-mail to monthly@ecolonial.com or fax to Customer Care, 202-295-8111. Once received your authorization request will be updated or processed for your next invoice. Please keep a copy of this form for your records. AUTOPAYSM enrollment is also available through the "Make A Payment" feature on www.ecolonial.com.

Please be sure to provide all information indicated below. The omission of any requested information will prevent or delay the processing of this request.

Colonial Parking AUTOPAYSM

I _____ authorize Colonial Parking to charge my monthly parking fee or balance due on the first business day of each month beginning _____ (fill in desired starting month).

*Please note AUTOPAYSM enrollments received after the 1st of the month may not take effect until the next billing cycle. Upon enrollment your invoice will note your AUTOPAYSM enrollment on the remittance slip.

I understand that I am in full control of my payments, and at any time I may decide to discontinue my AUTOPAYSM enrollment by providing written notice to Colonial Parking, Inc. via fax, mail or email. I understand I am responsible for notifying Colonial Parking, Inc.® of any status or information changes pertaining to my selected method of payment.

In the event my credit card charge cannot be processed, due to credit limit being exceeded, expiration of card, termination of card, or any other denial reason, I agree to pay the outstanding balance due to Colonial Parking Inc.® within 3 business days to prevent my account from becoming delinquent. I agree it is my responsibility to maintain a valid credit card for payment application. I must provide Colonial Parking Inc.® with any information necessary required to allow Colonial Parking Inc.® to reinstate my AUTOPAYSM, if terminated for any reason.

Authorizing Signature

Date

Email Address

Colonial Account Number

Phone #

Name (as it appears on the credit/debit card or bank account)

Credit/Debit Card

Type of card (check one)

Amex Discover MasterCard Visa

Card Number (16 digit, except for AMEX 15 digit)

Expiration Date (MM/YY)

Security Code
(on signature panel of card)

Pre-Authorized Debit/ACH/ Electronic Check

Bank Name

ABA Routing Number (9 digit)

Checking/Savings Account Number
(include 0's preceding the account number)