West New York Parking Services Utility 224 60TH ST. WEST NEW YORK, NJ 07093

TEL: (201) 295-1575 FAX: (201)869-6637

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Schedule your payment to be automatically charged to your Visa, Master Card, American Express or Discover Card.

Recurring Payments Will Make Your Life Easier

It's convenient (saving you time and aggravation), and your payment is always on time (even if you are out of town), eliminating late charges or tickets.

Here's How Recurring Payments Work

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be e-mailed to you and the charge will appear on your statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to payment being collected.

Please complete the information	on below:		
I	authorize the West New York Parking Authority to charge my credit card		
indicated below for \$	on the 25 th day of ea	ch month/quarter for payment of my permit pass.	
Billing Address		Phone #	
City	State	Zip	
E-mail		Notify me via e-mail when my credit card is charged	
Cardholder's Name			
Credit Company	Card Number		
Expiration Date	CVV (3 d	igit Number on back of Card)	
account information or termination of this understand that the payments may be execu York Parking Authority; will automatically o	authorization at least 15 days prior to ted on the next business day. In case of harge \$25.00 for a third (3 rd) attempt r J.S law. I certify that I am authorized us	I agree to notify The West New York Parking Authority in writing of any changes on mother than the west half of the above noted payment dates fall on a weekend or holiday, a schedule payment being rejected for Non-Sufficient Funds, I understand the West New teturned for Non-Sufficient Funds. I acknowledge that the origination of transaction to mother of this credit card and will not dispute the schedule transactions with my back or credit authorization form.	
APPLICANT SICK		DATE	

Thank you for the opportunity to serve you!