



# 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 below:

I \_\_\_\_\_ authorize the West New York Parking Authority to charge my credit card indicated below for \$ \_\_\_\_\_ on the **25<sup>th</sup>** day of each 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 digit Number on back of Card) \_\_\_\_\_

I understand this authorization will remain in effect until I cancel it in writing, and I agree to notify The West New York Parking Utility in writing of any changes on my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In case of a schedule payment being rejected for Non-Sufficient Funds or any other reason, I understand the West New York Parking Utility; will stop recurrent payment. I acknowledge that the origination of transaction to my account must comply with the provisions of U.S law. I certify that I am authorized user of this credit card and will not dispute the schedule transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Thank you for the opportunity to serve you!

[www.westnewyorknj.org](http://www.westnewyorknj.org)