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Automatic Payment Authorization Form

Address: 1651 3 rd Ave., suite 207, New York, NY 10128	Phone: (212) 996-6363	Fax: (212) 722-2988
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Customer information		Loca	ation Name / Code	
Parking Account Number -	Name on Pa	arking Account		
Customer Address	Apt No.	b. Email Address		
City	State	Zip	Daytime Phone Number	
Checking or savings accour	nt debits	Recurs mor	hthly on the 1 st of each month until cancelled	
Start Date (MM-DD-YY) - () 1 -		Type of account: Checking Cavings	
Bank Routing/transfer/ABA number				
Bank Account Number		Name of financia	al institution	
Name(s) on bank account		1		
Attach a voided check to this form				
Credit Card Payments		Recurs mont	hly on the 1 st of each month until cancelled	
Start Date (MM-DD-YY) -	0 1 -	Cree	dit Card Expiration (MM-YY)	
Credit Card Number				
□Visa □MasterCard □Di	scover	-		
	-			
CC Billing Address	CC Apt No.	Name on Credit C	ard	
CC Billing City	CC Billing State	CC Billing ZIP	CC Billing Phone Number	

This Agreement between Customer and GGMC Parking, LLC ("GGMC") shall remain in effect until terminated, by either party for any reason, upon 15 days notice. <u>TERMINATION NOTICE MUST BE IN WRITING</u> and (in the case of Customer's Notice), mailed or faxed to GGMC's main office or emailed to Payments@GGMCParking.com or (in the case of GGMC's Notice) mailed to Customer's address given above.

Upon receipt of written termination, GGMC will mail an acknowledgment of termination ("the Acknowledgment") to the address listed on the termination notice. Termination shall not be in effect without the Acknowledgment and therefore Customer must retain a copy of the Acknowledgment in its records. Customer's failure to terminate upon 15 days written notice will result in a charge for the full succeeding month. Termination of the automated payment plan does not automatically terminate your parking contract, which stands independent of this agreement. I authorize GGMC to automatically charge my designated credit card account, or authorize my bank to debit my bank account, as appropriate, by the first of the month on a recurring basis, starting no earlier than the date listed above, for the amount equal to my parking rent plus applicable tax. All changes and updates to the payment method will require a new authorization form which must be submitted to GGMC at least 15 days prior to any change being implemented. I will be liable to pay an NSF fee of \$25.00 which may be automatically debited for each instance of NSF. If GGMC is unable to process my payment, I will be responsible for any alternate payment arrangement and any late fee which results. I understand that this Agreement may be immediately cancelled by GGMC, without notice, due to failure of payment method.

GGMC reserves the right to automatically retry up to three (3) times if the original charge/debit is unsuccessful.

Parking rates are subject to change upon one month's notice. Once notified of the increase the charge will be increased to the new rate on the effective date.

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate. I represent and warrant I am authorized to execute this payment authorization for the purpose of implementing this Agreement. I indemnify and hold GGMC Parking, LLC and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Printed Name	Card / Bank Account Holder(s) Signature	Date

Form must be printed, signed, and then either mailed or faxed to the information provided at the top of the page