



DEPARTMENT OF  
TRANSPORTATION

CITY OF SACRAMENTO  
CALIFORNIA

300 Richards Blvd  
2<sup>nd</sup> Floor  
Sacramento, CA 95811

PARKING SERVICES DIVISION

PH 916-808-5110  
FAX 916-808-5115

### Credit Card Charge & Authorization Form

#### Customer Information

Customer's Name: \_\_\_\_\_ City Employee?  Yes  No  
(as name appears on the credit card)

Account Name (if different from customer's name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Day Phone # ( ) Cell Phone # ( )

#### Payment Information – Details of Service

- Monthly Permits \_\_\_\_\_ Garage Account # \_\_\_\_\_ Lot # \_\_\_\_\_
- Validation Coupon \_\_\_\_\_ Garage
- Special Events \_\_\_\_\_ Garage
- Other \_\_\_\_\_

#### Authorization

Auto-deduct money from my credit card every month. Coverage Period (MM/YY) \_\_\_/\_\_\_ To \_\_\_/\_\_\_ \$ \_\_\_\_\_  
Amount of Charge

I hereby authorize the City of Sacramento Parking Services Division to deduct payment for services from my credit card that I provided above. I understand that all automatic credit card deductions are processed by a 3<sup>rd</sup> party vendor authorized by Bank of America. I accept that I will be charged the current prevailing rate for the services I requested. I declare the above information is true and correct and I acknowledge that it is my responsibility to notify the Parking Services Division of any changes to my services or to my credit card account. I confirm that my credit card statement will serve as my receipt for the above transaction.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Payment received on \_\_\_/\_\_\_ for the month of \_\_\_\_\_

#### Credit Card Information

Credit Card Number: \_\_\_\_\_  Visa \_\_\_\_\_ (3 digit code on signature line)

Expiration Date: \_\_\_/\_\_\_/\_\_\_  MasterCard

10/4/07

Customer Service Desk Located at 915 I Street, Room 1214, Sacramento, CA 95814, 916-808-5110