

**CITY OF MADISON MONTHLY PARKING PROGRAM  
CREDIT CARD AUTHORIZATION FORM**

Permit #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parking Facility: \_\_\_\_\_

Monthly Amount: \_\_\_\_\_

I hereby authorize the Madison Parking Utility to process an automatic credit card charge for the Monthly Amount indicated above on the **last work day of each month**, for the **following month's** rent, until such time as I discontinue participation in the monthly parking program and/or request discontinuation of such credit card charges. (Note: The Parking Utility reserves the right to revoke this payment option with 30-days notice.)

This authorization is effective \_\_\_\_\_.

I would like to use the following credit card:

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ (Sorry, we do not accept any other credit cards at this time.)

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_/\_\_\_\_\_  
(Account Number) (Expiration Date)

**3 Digit Number as it appears on the back of the credit card:** \_\_\_\_\_.

Cardholder's Name as it appears on credit card (please print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date

I would like a receipt emailed each month:    Yes                                     No

**Please return this completed form by mail or in person to:**

Madison Parking Division  
30 W. Mifflin St., Suite 900  
P O Box 2986  
Madison, WI 53701-2986

**Or FAX to:** (608) 267-1158

Office hours are 7:30 AM to 4:30 PM, Monday through Friday.    Phone: (608) 266-4761.