



**GARAGE PERMIT – AUTOMATIC PAYMENT
CREDIT CARD AUTHORIZATION**

Date: _____

I request to use my Visa or MasterCard to pay for my City of Santa Rosa monthly parking permit account as indicated below:

_____ I authorize automatic monthly payments for my parking permit account from today's date and continuing until I contact the City of Santa Rosa, in writing, to stop the automatic credit card charge. I understand that my credit card will be charged on or about the 23rd of each month.

_____ I authorize a one-time payment for my parking permit account for the month of _____.

Cardholder Name (print): _____

Credit Card Number: _____ - _____ - _____ - _____

Card Type: Visa MasterCard Expiration Date: _____

Signature of Cardholder: _____

Garage: _____ Account #: _____ Account Name: _____

(Office Use Only)

Processed By: _____ Date: _____

*Economic Development and Housing, Parking Division
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