CITY OF ORLANDO

Garage Debit Card
Credit Card Authorization Form

I, _____, authorize the City of Orlando Parking Division
PRINT NAME AS SHOWN ON CREDIT CARD

(Check One)

☐ Please charge $30.00 to the credit card for replenishment once the balance reaches $20.00.

☐ Please charge $_____to the credit card for replenishment once the balance reaches $20.00. ($30.00 minimum)

Initial Card Amount ☐ $50.00 ☐ $75.00 ☐ $100.00

In the event that my credit card cannot be processed, my access will be automatically locked out. **I will give a cancellation notice in writing at least two weeks when terminating this agreement.**

☐ VISA ☐ M/C ☐ AMX ☐ Discover

_____ _____
CREDIT CARD NUMBER EXP. DATE

DATE _____

SIGNATURE _____

ADDRESS _____

_____
CITY ST ZIP

PHONE NUMBER: _____

GARAGE DEBIT CARD # _____

PLEASE ATTACH A COPY (FRONT AND BACK) OF THE CREDIT CARD LISTED ABOVE.
Revised 9/08 mg

PARKING DIVISION • TRANSPORTATION DEPARTMENT
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