

Center City Green Parking Garage

PARKING TERMINATION FORM

Today's Date: _____ Effective Date of Termination : _____

Monthly Amount Paid: _____ Card #: _____

Personal Information:

Name: _____

Home Address: _____

City _____, State _____, Zip _____ Phone _____

Work Information:

Employer: _____

Address: _____

Floor/Suite Number/Department (if applicable) _____ Phone: _____

Method of Payment:

___ **Wage Works** – Please complete payroll deduction termination form.

___ **Automatic Draft** – Your personal bank account is drafted each month. Please check your bank statement to make sure your automatic draft has been cancelled.

___ **Company Paid** -- Company Name: _____

Company Phone: _____

Signature: _____

For Office Use Only:

Card Returned? _____ Date of Card Return? _____

Reason for Termination: _____

Card number: _____ Reserved Space Number: _____

Approval: _____