



# City of Columbia Parking Services EasyPay Application

Please sign me up for the **Parking Services EasyPay Program**. I have read this entire form. By completing this form and sending it to the City of Columbia, I agree to the following:

1. The City of Columbia and my bank both reserve the right to terminate my participation at anytime.
2. I will continue to receive a Parking Rental statement giving debit details. I will continue to examine my statement when I receive it. A notification will be printed on my statement indicating the date and amount that will be drafted from my bank account. If my statement indicates that the draft will not be made for some reason, I will either make the payment myself or contact the City of Columbia Parking Services Department to investigate the reason for non-payment.
3. If I wish to discontinue my participation in the program or change any banking information, I will notify the City of Columbia Parking Services Department at least fifteen (15) days prior to any pending draft. If I do not notify the City of Columbia Parking Services Department of any changes at least fifteen (15) days prior to a pending draft, the City of Columbia will not guarantee that the change or cancellation will be made before the draft. Any consequences suffered by the customer due to the customer not giving timely notice will not be the responsibility of the City of Columbia.
4. I authorize the City of Columbia to initiate variable credits/debits to my checking/savings account identified on this application for payment of my parking rental bills. I further authorize such bank to debit/credit the same to such account. This authorization remains in effect until appropriately revoked as stated above.
5. A voided check from appropriate bank account must be attached and form must be signed below for the City of Columbia to process this application.
6. The name on the parking rental account must match the name on the applicable bank account. If it does not, please contact us at 803-343-8740.
7. If you have been disqualified from this program in the past, you may be automatically disqualified.

\_\_\_\_\_  
Signature  
(Must be authorized to sign checks for the listed bank account)

\_\_\_\_\_  
Date

Parking Rental Account #		Home Phone		Business Phone	
Service Address		Mailing Address			
Account#	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Routing (ABA) #		
Bank Name		Bank Address			
Below this line for office use only:					
MAX		Date Entered		Clerk Initials:	

Please Note: If there are any discrepancies between the water account information and the bank account information, a City representative may call you for clarification.

**Mail Back to:**  
**City of Columbia Parking Services Department, 820 Washington St, Columbia, SC 29201**  
**(Don't forget to attach a voided check.)**

### A.B.A Routing Numbers Example

John Q. Public  
123 Main Street  
Your Town, USA 12345-6789

101

Date \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

DOLLARS

Memo \_\_\_\_\_

⑆00006789⑆ ⑆2345678⑆ 0101

Routing/Transit  
Number

Account  
Number