

AUTOMATIC PAYMENT AGREEMENT

Pi Alley Garage
(617) 720-2006

Customer #: _____

I hereby authorize the Pi Alley Garage to automatically charge my account on or before the 5th day of the month, for all amounts due on my monthly parking account. I understand that the amount of my monthly parking rate is subject to change by Pi Alley per the terms of the Monthly Parking Agreement, or because I choose to change the nature or status of my requested services (e.g., reserved/unreserved parking, etc.), or due to fees or other charges (as specified in the parking agreement; e.g., late fees, replacement card fees – these fees may be charged separately from the regular monthly fee).

I understand by having my monthly parking fee processed via this Agreement, all applicable monthly amounts due will automatically be charged to my account. These procedures will remain in place unless and until I give Pi Alley at least 30 days written notice that I elect to terminate this service and resume normal monthly billing.

I agree to give Pi Alley prompt written notice of any change in my account (e.g. card number, expiration date, email address, etc.), and understand that Pi Alley must receive such notice by the 15th of a month in order for it to be effective as part of the next month's billing cycle. Cancellation of the Monthly Parking Agreement must be made in writing, via email to admin@pialleygarage.com, with a verification email back from Pi Alley, or via Certified Mail, at least thirty (30) days prior to the first of the month.

I understand that if my account contains insufficient funds to satisfy all current parking charges or the charge is declined by the issuer, my right of access to and from the Garage may be suspended or terminated (including, without limitation, keycard deactivation) and a \$25.00 fee will be assessed. If my account remains delinquent after notice from Pi Alley; I understand that my car may be locked up, moved within or removed from the Garage, and I agree that Pi Alley shall have no liability whatsoever for any damage that may arise in connection therewith.

CREDIT CARD

Visa MasterCard American Express

Credit Card #: _____ Expiration : _____

Print Name as it appears on credit card: _____

(Signature)

(_____)
(Daytime Phone Number)

(Date)

Return Form To: Pi Alley Garage, 275 Washington Street, Boston, MA 02108.