



CITY OF CLEVELAND  
Mayor Frank G. Jackson

# AUTOMATIC PAYMENT AUTHORIZATION

CITY OF CLEVELAND  
DEPARTMENT OF FINANCE  
Division of Assessments and Licenses  
601 Lakeside Avenue, Room 122  
Cleveland, Ohio 44114

Phone: 216.664.2174

Hours of Operation: 8am to 5pm Weekdays

Secured Fax: 216.420.7804

Application Type  
(i.e. Street Permit, Tow Truck, Vendor)

Applicant / Business Name:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | One-Time Transaction Only                                       |
| <input type="checkbox"/> | Payment Information on File (applicable only to Street Permits) |

## ACCOUNT HOLDER INFORMATION

Name on Account/Card: \_\_\_\_\_ Account Address: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Account Holder SSN: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Account Phone: \_\_\_\_\_

## ACCOUNT INFORMATION

### Credit Card

Credit Card Type: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

## TERMS

I, the above named Account Holder (see "Account Holder Information") authorize the City of Cleveland, Ohio ("City") to automatically charge my account (see "Account Information") or initiate scheduled deductions in the amount due and owing for any permit fee and/or service charges that may already exist or hereinafter accrue. I authorize the financial institution identified by the credit card or routing number (see "Account Information") to accept the charges or post entries to the account stated above. I represent that I am the owner and/or authorized signer of the account. This authorization shall be valid for all future payments that may become due, until this agreement is cancelled.

I understand that the City will not send me a bill before scheduled payments are processed and that it is my responsibility to ensure sufficient credit or funds are available at the time of each scheduled payment. I also understand that in addition to any fees charged by my bank, the City will charge a NSF fee of up to \$25.00 if my payment is dishonored or returned for any reason. On such an event, I may be removed from the automatic monthly payment authorization program in the full and complete discretion of the City. This authorization is to remain in full force and effect until the City receives a written request from me to cancel the authorization or until the City elects to cancel this Agreement.

I understand that if any due date falls on a weekend or holiday, the City will process the payment on the following business day. I agree to hold the City harmless against all claims related to the processing of payments pursuant to this authorization that I may now have or hereafter accrue. By signing below, I acknowledge that I have read and understand this Agreement.

## ACCEPTANCE

I, the above named Account Holder, accept, acknowledge, and agree to the terms contained in this authorization Agreement.

|                  |       |
|------------------|-------|
| OFFICE USE ONLY  |       |
| Date Received:   | _____ |
| Tracking Number: | _____ |
| Processed By:    | _____ |

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Credit Cards Accepted:  
Visa, Master Card, American Express, Discover

Rev. 08/2013

Form: B0003