

Office of Parking, Metro Parking Permit Processing, 6F
600 5th Street, NW, Washington DC 20001
(202) 962-2807
Fax (202) 962-1036

CHANGE OF DEBIT/CREDIT CARD INFORMATION

Name: _____

Station: _____

New Card Information:

Please Check: AMEX _____ Discover _____ MasterCard _____ VISA _____

*Monthly amount charged is as specified by WMATA Tariff at the time the charge is made.
Current monthly fee is \$65.00.*

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date __ __/__ __

Name on the Card _____

As a Reserved Permit Parking program participant, I hereby authorize the Washington Metropolitan Area Transit Authority to charge my credit card on an ongoing basis. I acknowledge that monthly payment will be processed on the 10th of each month for the following month's permit. I agree that this is a continuing approval to charge my credit card until I cancel this approval in writing and the cancellation request is received by WMATA. Cancellations must be received by the 10th of the month prior to the month for which you desire cancellation

Signature _____ **Date** _____