

Office of Parking, Metro Parking Permit Processing, 6F  
600 5<sup>th</sup> 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 \$55.00.*

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 10<sup>th</sup> 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 10<sup>th</sup> of the month prior to the month for which you desire cancellation*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_