



GARAGE AT POST OFFICE SQUARE

Are you canceling your Preferred Card?

- Please remember, as stated in the *Preferred Card* Parker Information Form, thirty (30) days notice is required to cancel your *Preferred Card* account.
- To cancel your *Preferred Card* account, please complete the following.
 1. Complete the identifying information at the top of the form. Please remember to fill in the effective date of change while taking into consideration that a minimum of 30 days notice is required for a cancellation and the effective date must be the last day of a month. Effective dates of less than 30 days will not be accepted.
 2. Complete Section A of the form.
- Once you have completed the information listed above, print the form, sign it and submit it to the Garage office, located on the lobby level, or email it to p.o.info@posquare.com for processing. **Cancellations must be authorized by the Garage Manager to be valid.**

Are you updating your Preferred Card Account Information?

- To update contact or vehicle information on your *Preferred Card* account you will want to complete the identifying information at the top of this form and the relevant information in Section C.
- To update your billing information, log into your account on the Garage customer portal MyPark at myposquare.com. Click on Make Payments and Update Credit Card on the left side menu.
- Print the completed form, sign it, and submit it to the Garage office, located on the lobby level of the garage, or email it to p.o.info@posquare.com for processing.

If you have any other questions regarding this form or your *Preferred Card* account, please contact the Garage Manager at 617.423.1430 or email us at p.o.info@posquare.com



GARAGE
AT
POST
OFFICE
SQUARE

Zero Post Office Square
Boston, Massachusetts
02109
TEL 617-423-1430
FAX 617-423-2141

**THE PREFERRED
CARD
CANCELLATION &
INFORMATION
CHANGE FORM**

Today's Date: _____ Effective Date of Change: _____
(30 DAYS NOTICE REQUIRED FOR CANCELLATION)

Cardholder's Name: _____

Preferred Card No.: _____

Email Address: _____

Account Type: ☐ Individual ☐ Corporate ☐ Shareholder

Corporate Account Number / Shareholder Name on Account: _____

Please select one of the following:

☐ A: CANCEL CARD
Reason: _____ Last Use Date: _____ Mgr Initial _____

☐ B: REPLACE CARD
Reason: ☐ Faulty Card ☐ Lost Card
Issued New Card #: _____ Mgr Initial _____
(ATTACH APPLICATION)

Office Use Only
Fee Charged: \$ _____ Payment Method: _____ Mgr Initials: _____

☐ C: UPDATE ACCOUNT INFORMATION
Transferring a card to a new cardholder is not permitted under this section of the Change Form. To transfer a card, the old customer must complete the cancellation section of this form and new customer must complete a new Preferred Card application.

☐ Update Current Cardholder's Information (supply changed information below)

Cardholder's Name: _____

Company: _____

Vehicle Owner's Address: _____

STREET CITY STATE ZIP

Billing Address: _____

STREET CITY STATE ZIP

Phone: _____

Email Address: _____

Vehicle Information: _____

MAKE MODEL YEAR COLOR

License Plate: _____

STATE NUMBER

Cardholder's Signature: _____ Date: _____

Change Authorized by: _____ Date: _____

GARAGE MANAGER ONLY

Please print, sign, and submit to the garage office.