Brookfield Place

MONTHLY PARKING PREAUTHORIZED PAYMENT

Licensee Signature:_____ Date: _____

Print Name:_____

Transponder #: _____

CREDIT CARD AUTHORIZATION

I hereby authorize Brookfield Properties Ltd. and Standard Parking of Canada Ltd. to automatically charge my credit card, currently $_____, once per calendar month, on or before the 5th business day of the month, for all amounts due under the above parking agreement. I understand that the amount of my monthly parking charge may increase or decrease from time to time because of changes in applicable parking rates (to which I agree). I understand that by having my parking charges processed via this agreement, all applicable parking charges due will automatically be charged to my credit account and I will not receive a monthly invoice. These procedures will remain in place unless and until I terminate the parking agreement in accordance with its terms. I further authorize a $20.00 charge to my credit card account in any case in which the automatic charge is rejected.

I agree to give the Licensor prompt written notice of any change in my credit card account number and understand that the Licensor must receive such notice by the 15th of the month in order for it to be effective as part of the next month's billing cycle.

Credit Card Type: VISA Mastercard American Express

Credit Card #: _____

Expiry Date: _____ Security Code: _____
3-4 digit code on front or back of card

AUTOMATIC DEBIT AUTHORIZATION

I hereby authorize Brookfield Properties Ltd. and Standard Parking of Canada Ltd to automatically charge my bank account, currently $_____, once per calendar month, on or before the 5th business day of the month, for all amounts due under the above parking agreement. I understand that the amount of my monthly parking charge may increase or decrease form time to time because of changes in applicable parking rates (to which I agree). I understand that by having my parking charges processed via the this agreement, all applicable parking charges due will automatically be charged to my bank account and I will not receive a monthly invoice. These procedures will remain in place unless and until I terminate the parking agreement in accordance with its terms. I further authorize a $20.00 charge to my bank account in any case in which the automatic charge is rejected.

I have attached either a voided cheque (if a chequing account) or a deposit ticket (if a savings account) from the account to which this charge will be posted. I agree to give the Licensor prompt written notice of any change in my bank or bank account number (accompanied by a voided cheque or deposit ticket from the new account), and understand that the Licensor must receive such notice by the 15th of the month in order for it to be effective as part of the next month's billing cycle.

Complete below or include a void cheque or deposit ticket.

Bank Name: _____

Account Type: Checking Savings

Account #: _____

Transit #: _____ Branch #: _____

Signature of Joint Account Holder: _____