Direct Bill Contract
Instructions

Welcome! Every day more than 160,000 people visit the Texas Medical Center - patients, visitors, employees and students. Our goal is to provide convenient parking with professional care and service to everyone. This document is designed to assist with answering questions about obtaining a parking contract and completing the Parking Contract Forms. Parking Contracts are processed during the hours of 8:00am to 5:00pm, Monday through Friday. Contracts remain active until we receive a termination request from the contract holder or the contract is terminated for non-payment. For contracts that are terminated for non-payment, any outstanding balance will need to be paid before a new contract can be issued.

Available Locations
Please visit our website @ www.texasmedicalcenter.org for a list of the available parking locations and cost. From the main menu choose Parking then Contract Parking then select the location from the drop down menu on the TMC Campus map.

Completing the Parking Contract Form
Complete all fields of the Parking Contract Form. The Contract Start Date is the effective date that you want your contract to begin. In the “Organization” field please include the TMC member institution that you are affiliated with. For example: BCM, UT, HCCS, TCH, etc. Be sure to sign the first page of the contract and initial each section on the second page. The second page explains the parking guidelines. Important - Missing information will cause delays in processing your request.

Completing the Recurring Payment Authorization Form
Complete all fields of the Recurring Payment Authorization form that pertains to the type of payment option you choose (credit card or ACH). Your initial payment will be processed with the information provided on this form.

Where do I send the completed Parking Contract Form and Recurring Payment Authorization Form?
Fax the completed forms (front and back of the Parking Contract Form) to 713-791-6143. Please provide a daytime telephone number and best time to call in the event that we need to contact you.

How do I make my initial payment to activate my parking contract?
Payment is accepted by credit card or Check by Phone and will be immediately processed, once your completed Parking Contract Forms are received. Once the initial payment has been processed the parking card will become active as of the effective date of the contract.
- New contracts with a start date on or before the 15th of the month will be charged the full monthly rate.
- New contracts with a start date on or after the 16th of the month will be charged one half the monthly rate.

How will I receive my parking card?
Your new parking contract package, which includes the parking card, can be either mailed or you may pick up it up at the J.P.McGovern Campus Security Desk located at 2450 Holcombe Blvd at the main entrance off of Holcombe Blvd. Please check the box on the Contract Parking Form providing preferred method for delivery of the parking card. If picking up the card you will be notified by phone or email with the time your contract package will be available for pick up. Picture identification is required to pick up the parking contract package.

When are payments due?
Once your parking contract is established monthly payments are due by the 1st of each month. All past due accounts are subject to deactivation and applicable fees assessed for returned payments (includes checks, ACH drafts and recurring credit card payments). All individual direct bill contracts require one of the two following payment methods:

*Recurring Credit Card: Set up a recurring payment plan in which your parking bill is automatically charged to your credit card each month.
*Direct Debit: The direct debit option allows Texas Medical Center to automatically charge your checking account each month.

Can I change parking locations on an existing parking contract with TMC?
Location changes to an existing contract can only be processed effective for the 1st of the month.

How do I terminate my parking contract?
Termination requests will be effective through the last day of the month. The termination request must be received on or before the last day of the month in which the parking services are no longer needed. No refunds will be issued for unused parking.

To terminate the contract, submit written notification to Texas Medical Center via our website (www.texasmedicalcenter.org), by email to contractparking@texasmedicalcenter.org, by fax to 713-791-6143 or by US mail to Texas Medical Center, Contract Parking Dept. 2450 Holcombe Blvd Suite 1, Houston, Texas 77021.
Texas Medical Center
Parking Contract Form

☐ New Contract  ☐ Change Request  ☐ Termination

☐ Billed to Group  ☐ Billed to Individual

<table>
<thead>
<tr>
<th>Contract Start Date/Change Effective Date</th>
<th>Previous Texas Medical Center Parking Customer</th>
<th>☐ Yes  ☐ No</th>
<th>Parking Card Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Address</th>
<th>Apt/Suite</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home or Cell Number</th>
<th>Work Number</th>
<th>Driver's License Number</th>
<th>State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vehicle License Plate Number</th>
<th>State</th>
<th>Employee ID</th>
<th>Motorcycle Permit Number</th>
<th>METRO Q Card Q-</th>
<th>Parking Location</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Car/Van Pool</th>
<th>☐ Yes  ☐ No</th>
<th>Email Address</th>
</tr>
</thead>
</table>

| Parking Card Delivered By | ☐ Pick Up  ☐ Mail |

**Change Requests:** (Complete the Change Effective Date, Parking Card Number and First/Last Name fields above and check the appropriate box below)  
**Authorized signature by Organization Required**

☐ Address Change  ☐ Phone Number Change  ☐ Parking Location Change**
☐ License Plate Change  ☐ Employee ID # Change  New Location:
☐ Email Address Change  ☐ Other:

☐ Name Change  ☐ New Parking Card Number:
☐ First Name:  ☐ New METRO Q Card Number:
☐ Last Name:

☐ Terminations: (complete the shaded boxes above/check the appropriate box below and enter date of cancellation)

☐ Terminate Parking Contract Effective:

**If you wish to discontinue your monthly parking contract, you must terminate the parking contract prior to the first day of the month in which the parking services are no longer needed.**

**Cardholder Agreement**

I agree that I am responsible for the parking card issued to me and understand that it remains the property of Texas Medical Center. I understand that the parking policies of Texas Medical Center, as the same may be modified from time to time, are a part of this contract, and I agree that I will comply with such policies. I also agree that Texas Medical Center will not be liable for theft or damage to any vehicle or to the contents of any vehicle, including but not limited to damage arising in whole or in part from the negligence or wrongful conduct of a third party, a premise defect, fire, storm, flood or other acts of God at any Texas Medical Center facility. If this agreement is a “Billed to Individual” contract as indicated above, I agree that I am the purchaser of the parking services provided by Texas Medical Center under this contract and I will pay all charges for such parking plus all applicable sales or similar transfer taxes when due.

Individual Signature: _____________________________  Date: ________________

**For Authorizing Organization**

The undersigned organization confirms that the person named above is an employee or other affiliate of the organization and requests the parking facility assignment designated below. The undersigned organization understands that the parking policies of Texas Medical Center, as the same may be modified from time to time, are a part of this contract and agrees to comply with such policies. If this agreement is a “Billed to Group” contract as indicated above, the undersigned organization agrees that it is the purchaser of the parking services provided by Texas Medical Center under this contract and will pay all charges for such parking services plus all applicable sales or similar transfer taxes when due.

Account Name/Organizational Group _________________  Authorized Signature: _____________________________  Date: ________________

**PLEASE REVIEW IMPORTANT INFORMATION ON BACK.**

Job Card #:__________________  Customer Card #:__________________  TMC Representative: _____________________________  Date: ________________

Amount Paid: ____________________  ☐ Check #:______________  ☐ Credit Card  Reminder Term Code: ____  Subject to Term  ☐ Yes  ☐ No

Project Name: _____________________________  Project Manager: _____________________________

Revised – August 2014
PLEASE READ AND INITIAL EACH SECTION OF THE CONTRACT PARKING GUIDELINES AND RETURN WITH THE FIRST PAGE OF THE PARKING CONTRACT FORM.

When you are issued a parking card for your assigned parking facility, an activation fee may be charged.

INVOICES (FOR “BILLED TO INDIVIDUAL” CONTRACTS ONLY)
Payments are due on the 1st of the month. All past due accounts are subject to deactivation and applicable fees assessed for returned payments (includes checks, ACH drafts and recurring credit card payments).

CONTRACT TERMINATION BY CARDHOLDER
If you wish to discontinue your monthly parking contract, you must terminate the parking contract prior to the first day of the month in which the parking services are no longer needed. Conversely, if you are aware that the parking services will be for a finite period, please provide the processing representative the end date for automatic termination.

To terminate the contract, submit written notification to Texas Medical Center via our website @ tmcparking.org, email to contractparking@texasmedicalcenter.org, fax to 713-791-6143 or U.S. mail to Texas Medical Center, Contract Parking Dept. 2450 Holcombe Blvd, Suite 1, Houston, Texas 77021. Termination requests received on or after the first day of the month to terminate the contract during the same month will be effective through the last day of that month. No refunds will be issued for unused parking.

Entering or Exiting a Contract Parking Area
Extend the parking card within seven inches of the card reader to activate the gatearm. The gatearm will open and will not close until you have cleared the gate area. You must use your parking card every time you enter and exit a parking area. If not used in sequence, the parking card will fail to work.

Parking cards are to be used exclusively by the designated Texas Medical Center contract holder. Sharing of parking cards will result in termination of this contract and the card will be deactivated. A reactivation fee is required to reinstate a parking contract if terminated.

If you do not use your parking card when entering AND exiting the parking facility, you will be charged the maximum daily parking rate for that day.

Please take your parking card with you when you leave your vehicle. Summer heat and winter chill may damage it and keep it from working properly. If your parking card is lost, stolen or damaged, you must obtain a new one. An activation fee may be charged to replace a parking card.

Alternate Lot Parking Privileges
Texas Medical Center offers alternate lot parking privileges to individuals assigned to park in remote locations. Those individuals are assigned parking facilities near the institution of employment in which they can park during a designated time period. Access is granted to the assigned locations through the use of the parking card. Alternate lot parking privileges are available during a designated time period Monday through Friday, and all day Saturday, Sunday and Texas Medical Center designated holidays.

Individuals assigned to park in remote locations exiting the alternate locations after the designated time period will be required to pay the daily maximum rate to exit the facility.

Abuse of alternate lot parking privileges will result in the assessment of fines and loss of privileges. The parking card may be subject to deactivation.

Parking Security and Enforcement
Parking, speeding or other moving violations, the destruction or abuse of parking facilities or equipment, and other careless or abusive behavior will not be tolerated in Texas Medical Center parking facilities. Violators are subject to ticketing, vehicle towing and/or contract termination by Texas Medical Center. Payment is due upon receipt for any violation. The speed limit is set at 10 miles per hour unless otherwise posted.

This agreement only entitles the cardholder to daily in / out privileges in designated parking facilities. Extended storage of vehicles is strictly prohibited.

Deactivation of Parking Privileges for Any Reason
A reactivation fee will be assessed to the account and parking privileges will not be reinstated until the account balance is paid in full.

No Smoking Policy
The Texas Medical Center, including its parking facilities, is a non-smoking campus. You agree to comply with this policy. Failure to comply may result in termination of this contract and/or a fine of up to $2,000.

Texas Medical Center reserves the right to revise policies, rules and regulations for use of parking facilities. Texas Medical Center reserves the right to cancel parking contracts based on space availability. If you have any additional questions, call the TMC Parking Help Line at (713) 791-6161.

Revised – August 2014
# Texas Medical Center

## RECURRING PAYMENT AUTHORIZATION FORM

PLEASE CHECK APPROPRIATE BOXES AND COMPLETE INFORMATION BELOW

<table>
<thead>
<tr>
<th>□ CHARGE CREDIT CARD</th>
<th>□ DEBIT FROM CHECKING ACCOUNT</th>
</tr>
</thead>
</table>

Name

Mailing Address

City/State/Zip Code

Customer Number

**I hereby authorize Texas Medical Center to charge my credit card number listed below or to initiate debit entries to my checking account indicated below on a monthly basis for the amount due under my contract with Texas Medical Center as indicated above, as such amount due under such contract may change from time to time. If the monthly amount initially charged under such contract changes, Texas Medical Center will provide notification of the new amount prior to the first scheduled transaction date for that new amount. My credit card or checking account will be charged on or about the first business day of each month for the amount due. If necessary, Texas Medical Center may initiate credit adjustments for any charges made in error. For automatic direct debit payments, Texas Medical Center will add a returned payment fee for each payment a financial institution returns to Texas Medical Center.**

This Recurring Payment Authorization is to remain in full force and effect until Texas Medical Center has received written notification from me of termination of this service in such time and in such manner as to afford Texas Medical Center and other applicable third parties a reasonable opportunity to act upon it. Written notice may be provided either to the address below or via email to customerrelations@texasmedicalcenter.org.

If you think your monthly statement is incorrect or if you need more information concerning a transaction on your statement, please send a certified letter to the address listed below:

**TEXAS MEDICAL CENTER**
2450 HOLCOMBE BLVD STE 1
HOUSTON, TEXAS 77021-2040

Please provide your name, Customer number, telephone number and a brief explanation of the problem. We will make any necessary adjustments to your account within 30 days. After 60 days all charges will be assumed correct. You may telephone us at (713) 791-6161 or fax us at (713) 791-6143 but doing so will not reserve your rights.

**I have read and understand the cancellation policy and applicable fees for returned payments and agree to all terms by signing below.**

Signature __________________________________________ Date __________________

**Please complete the payment information below**

<table>
<thead>
<tr>
<th>□ CHARGE CREDIT CARD</th>
<th>□ VISA</th>
<th>□ MASTERCARD</th>
<th>□ AMEX</th>
<th>□ DISCOVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Card Number (enter full credit card number)</td>
<td>Expiration Month/Year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ AUTOMATIC DEBIT (ACH DEBIT) FROM CHECKING ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TO ENSURE CORRECT CODING INFORMATION, PLEASE ATTACH VOIDED CHECK.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transit/ABA No.</td>
<td>Account Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONTAINS CONFIDENTIAL INFORMATION

Revised December 2013