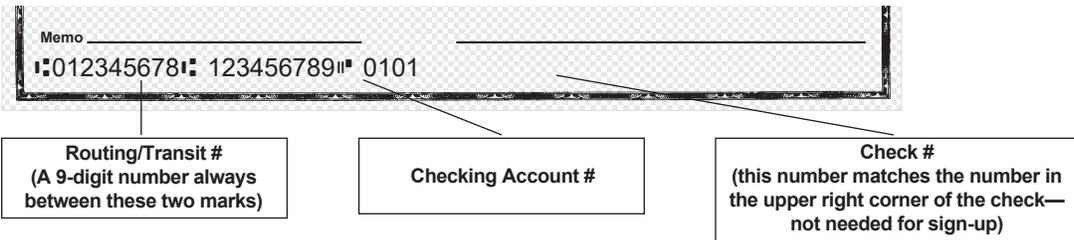


I/we authorize the above named business to charge the credit card/debit the bank account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described in the rental agreement, for the amount indicated above only, and is valid for the term described. I/we certify that I/we am an authorized user of this credit card/bank account and that I/we will not dispute the payment with my credit card company/bank; so long as the transaction corresponds to the terms indicated in this form.

To enroll in recurring payments, simply fill out this form and give it to your property manager. **Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account.** It isn't always the same as the number on a savings deposit slip.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**Important! Please read and sign before completing and submitting.**

The following information will be used to set up recurring payments for your rental account. Payment forms must be submitted at least 3 business days prior to payment processing. Unless written notice is received at least 48 hours in advance, payments will be directly charged to either the listed bank account or credit card until the end date listed. Payments will be processed on the date stipulated if other than the first of each month. Payments take up to 5-7 business days for processing. If payments are processed after the due date, all applicable late fees will apply. If the due date falls on a weekend or holiday, payments will be processed on the next business day. If the next business day is after the due date, payments will be considered to be received on time. If funds are not available or if the information listed below is not accurate and this results in delay of payment, all applicable fees will apply. If the payment requested is less than a full months rent, late fees will apply.

Resident Name: \_\_\_\_\_

Resident Address Including **Zip Code**: \_\_\_\_\_

**Account Information & Payment Frequency:**

Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking     Savings

Start Date of Recurring Payment: \_\_\_\_\_

End Date of Recurring Payment: \_\_\_\_\_

Payment Date per Month: \_\_\_\_\_

Amount of Recurring Payment: \$ \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Date Form Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Completed By: \_\_\_\_\_