

## RECURRING PAYMENT AUTHORIZATION

The following information will be used to set up recurring payments for your rental account. 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. 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\*: \_\_\_\_\_  
 Resident Phone\*: \_\_\_\_\_  
 Resident Email\*: \_\_\_\_\_

### BANK ACCOUNT / CREDIT CARD INFORMATION

Checking     Savings     Credit Card

Name of Bank: \_\_\_\_\_ Type of Card: \_\_\_\_\_  
 Bank Account #: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_ Card Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

### BILLING INFORMATION FOR ACCOUNT HOLDER (IF OTHER THAN RESIDENT)

Individual     Company

First and Last Name: _____	Company Name: _____
Address Line 1: _____	Address Line 1: _____
Address Line 2: _____	Address Line 2: _____
City / State / Zip: _____	City / State / Zip: _____
Phone: _____	Phone: _____

### PAYMENT SCHEDULE & FREQUENCY

Start Date of Recurring Payment\*: \_\_\_\_\_  
 End date of Recurring Payment\*: \_\_\_\_\_  
 Amount of Payment\* \*\*: \_\_\_\_\_  
 Payment Date Per Month\*: \_\_\_\_\_ Only if other than the 1st

\*Required information \*\*A 3% processing fee will be charged in addition to the amount listed for all credit card payments. These are per payment fees.

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.

Resident Printed Name\*: \_\_\_\_\_ Date\*: \_\_\_\_\_  
 Resident Signature\*: \_\_\_\_\_  
 Account Holder Printed Name: \_\_\_\_\_ Date\*: \_\_\_\_\_  
 Account Holder Signature: \_\_\_\_\_

#### FOR INTERNAL USE ONLY

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