

## Bank Draft Authorization and Agreement This Document Must Be Signed By The Holder of the Bank Account

Step 1: General Information (P	lease Print)						
Building (Lessor):							
Lessee/Applicant Name:	Em	Email:					
Address:		Suite					
City:	State:	ZIP:					
Home Phone:	Work Phone:						
Step 2: Payment Information							
Name on Bank Account (Pay	er):						
Bank:							
Routing Number:							
Account Number:							
<b>NOTE:</b> If name on account is dif Driver's License or other accepta	ferent from lessee/applicant name, comp able photo ID.	lete information bel	ow <u>and</u> attach a copy of the paye	r's			
Address:	City:	State:	Zip:				
Phone Number:							
Amount to Debit: \$							
One Time Payment	Scheduled Payments						
	Start Date (mm/dd/yyyy):						
	End Date (mm/dd/yyyy):						
	Enter "none" if you authori	ze payments thro	ugh your move out date.				
Step 3: Terms and Conditions							
	(Lessor) to debit the amount of to or other assigned expense for the suite listed tharges will cease after the End Date indicated Agreement.						
the Terms and Conditions of the Leathis service. All applicable late and N	annot cover the payment for any reason, I undo use Agreement. I understand that I must also p USF fees will apply on returned items according are due according to the Terms and Conditions at and permanent resident file.	provide the Lessor 30 or growing to the Lease Agreen	days' written notice to stop the use of nent. Upon expiration of these Terms				

Date: \_\_\_

Payer's Signature:\_\_\_\_



## Credit Card Payment Authorization and Agreement This Document Must Be Signed By the Credit Card Holder

Step 1: General Informat	ion (Please Print)				
Building (Lessor):					
Lessee/Applicant Name	me:Email:				
Address:		Suit		uite	
City:		State:	ZIP:		
Phone:					
Step 2: Payment Informa	tion				
Name on Credit Card: _				<u></u>	
Card Type: Visa□	Mastercard	Discover			
Account Number:	er: Expiration Date:				
3 Digit Security Code (c	on back of card):				
Driver's License or other a	cceptable photo ID.		•	ow <u>and</u> attach a copy of the payer'	
Address:		City:	State:	Zip:	
Phone Number:			<u> </u>		
Amount to Charge: \$ _		<u> </u>			
One Time Payment [	Schedule	d Payments 🗌			
	Start Dat	te (mm/dd/yyyy):			
	End Dat	<b>e</b> (mm/dd/yyyy):			
	Ente	er "none" if you auth	orize payments throu	ugh your move out date.	
Step 3: Terms and Condi	tions				
I (Cardholder) hereby auticard account indicated abremaining balances due a	ove for the payment o	f rent, deposit, or othe	r fee expense for the s	nount listed above to the credit uite listed. I agree to pay off all	
- \$6.95 per debit ca - 3.50% of paymen	payment amount for cred	it cards credit or debit cards	ayment as follows:		
Payer's Signature:			Date:		