

PAYMENT AUTHORIZATION FORM

I (we) hereby authorize (Apartment Name) to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Account

Type of Account	Checking Savings		
Depository Financial Institution Name			
Name on Account			
Billing Address			
Routing Number		Account Number	

Payment Setup Information

Reoccurring Payment	Amount	
One Time Payment	Amount	
Always Pay Current Balance Due	Resident understands they may not receive notification of the varying balance due	
Start Date		End Date / Number of Occurrences

Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until (Apartment Name) has received written notification from me (or us) of its termination, in such time and such manner as to afford (Apartment Name) a reasonable opportunity to act on it.

Property Address		City/State	
Name		Date	
Signature			
Email Address (REQUIRED)			

Revoke Authorization

This authorization is no longer valid and should be terminated effective ____/____/____.

Signature	
Date	

For Internal Use Only:

Payment Enabled	Date: ____/____/____	Initials ____
Payment Disabled	Date: ____/____/____	Initials ____