

ONE TIME PAYMENT AUTHORIZATION

The following information will be used to set up a one time payment for application or rental account. Payments will be processed on the date stipulated. 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.

Name: _____
 Address: _____
 Phone: _____
 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 Code ____

BILLING INFORMATION FOR ACCOUNT HOLDER (IF OTHER THAN RESIDENT/APPLICANT)

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 DETAILS

Date of Form Completion: _____
 Date of Payment Processing: _____
 **Amount of Payment: _____

**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/Applicant Printed Name: _____ Date: _____
 Resident/Applicant Signature: _____
 Account Holder Printed Name: _____ Date: _____
 Account Holder Signature: _____

FOR INTERNAL USE ONLY

Date Form Received: _____ Date Entered: _____ Completed By: _____