

# Automatic Payment Enrollment Form

## General Information

Resident Name \_\_\_\_\_ Property Name (if applicable) \_\_\_\_\_ Unit \_\_\_\_\_

Address including unit # (if applicable) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Payment Information

1<sup>st</sup> Business Day of Month \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Payment Day \_\_\_\_\_ Start Date (mm/dd/yy) \_\_\_\_\_ End Date (mm/dd/yy) \_\_\_\_\_

### Payment Type (Choose 1 and fill out the corresponding section below)

#### E-Check (FREE)

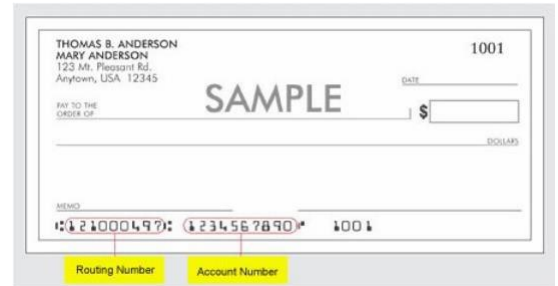
Account Holder Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



#### Credit Card (Fees will apply and vary depending on card type)

Card Type:  Discover  MasterCard  Visa

Credit Card Number \_\_\_\_\_ Expiration Date (mm/yy) \_\_\_\_\_ Security code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Terms & Conditions

I, the undersigned, authorize PayLease, on behalf of my Lessor, to debit my account above every month this Agreement is in effect on the debit day stated above. In consideration of PayLease's performance of services hereunder, I acknowledge and agree that I am the lessee occupying the premises at the address stated above. I certify that I have full authority to enter into this Agreement and that all necessary approvals have been obtained to enter into this Agreement. I agree that I will be assessed a fee of \$25.00 by PayLease if my bank account has insufficient funds to cover my payment on the designated day of debit. I authorize PayLease to debit my credit card or checking account submitted above for the amount stated, on the day specified and for the duration of time specified. I waive the right to dispute any debits made by PayLease on these specified debit days. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.

Resident Name (Print) \_\_\_\_\_ Resident Signature \_\_\_\_\_ Date \_\_\_\_\_