

Automatic Payment Enrollment Form

General Information

Property Owner Name

Property Name

Address including unit #

City

State

Zip

Payment Information

Payment Amount \$

Start Date (mm/yy)*

Billing Address

City

State

Zip

*Automatic payments will be debited no later than the 3rd business day of each month.

E-check Information

Account Type: Personal Checking Business Checking Savings

Account Holder Name

Phone Number

Billing Address

City

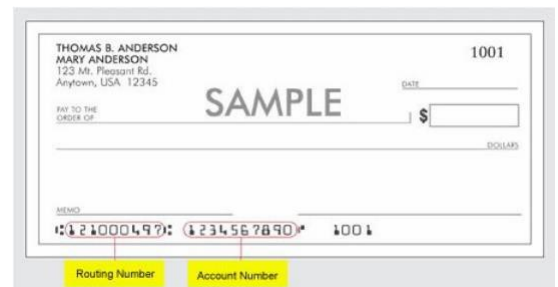
State

Zip

Email Address

Routing Number

Account Number



Terms & Conditions

I, the undersigned, authorize PayLease, on behalf of my Association, 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 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.

Owner Name (Print)

Owner Signature

Date