

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	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Depository Financial Institution Name			
Name on Account			
Billing Address			
Routing Number		Account Number	

Credit Card Account

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Name on Card			
Credit Card Billing Address			
Card Number:			
Expiration Date:		CVV	

Payment Setup Information

<input type="checkbox"/> Open Balance, Not to Exceed				Amount	\$	
<input type="checkbox"/> Fixed Amount				Is Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequency	<input type="checkbox"/> One Time	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly (M/T/W/Th/F/Sa/Su)	<input type="checkbox"/> Semi-Monthly (1st & 15th or 15th & Last)	<input type="checkbox"/> Yearly
Start Date				End Date		

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.

Name		Unit #	
ID#		State	
Signature			
Date			

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This authorization is no longer valid and should be terminated effective ____/____/____.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