



AUTOMATIC ELECTRONIC FUNDS TRANSFER (EFT)

Authorization Form

Property Management Company: _____

Resident Name: _____

Property Name: _____ Unit: _____

Payment amount: \$ _____ Payment start date: _____ / _____ / _____

(subject to additional convenience fees)

Frequency (check appropriate box):

Daily Every two weeks Every two months Every six months
Weekly Monthly Quarterly Year

Payment end date: _____ / _____ / _____ OR End of lease

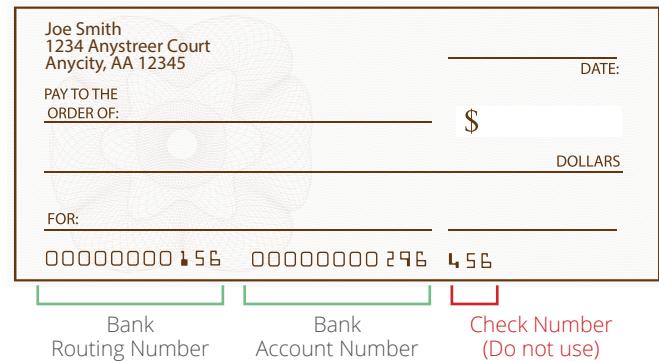
eCheck: Debit / credit card:

Bank Routing #: _____

Bank Account #: _____

Checking: Savings:

Credit / debit card #: _____



I hereby authorize the above named property management company to set up automatic recurring payments on my behalf for the purposes of paying rent/fees and associated convenience fees.

Name: _____

Signature: _____ Date: _____