

Credit or Debit Card Authorization Form
(One Time Payment Only)

Property Name ("Landlord") The View at Waters Edge

Resident/Applicant Name [Redacted]

Property Address ("Leased Premises") [Redacted]

Unit # 116-206

I hereby authorize and agree to allow Aspen Square Management, Inc., on behalf of the Landlord, to charge VISA / MasterCard / Debit (CIRCLE ONE).

Name on Credit/Debit Card [Redacted]

Address _____

City _____ State _____ Zip _____

Credit/Debit Card Number [Redacted] Expiration Date 5/15

Amount \$ 865.00

Reason for Payment Rent

Signed this 7th day of May, 2014.

Resident/Applicant:

Landlord / Landlord's Agent:



Fax back to:

[Redacted]

E.SERVICES AUTHORIZATION FORM

Property Name The View at Wooders Edge
 (Company Name)

ES4089 - 4545-502
 (property #)

| | | |
|---|--|---------------------------------------|
| Unit # <u>110-206</u> | "Office" E.Services #: _____ | Minimum Monthly Payment Amount: _____ |
| | Date of 1 st Payment: _____ | Rent and other charges up to: _____ |
| | Date of Last Payment: _____ | |
| Frequency of Payment: <input type="checkbox"/> Monthly on the _____ 1st _____ (See Manager for other options) | | |

| | | | |
|--|---|-------------|--|
| Last Name | | First Name | |
| Address | | | |
| City | | State | Zip |
| CHECKING / SAVINGS | Please debit payments from my (check one): | | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 |
| | <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) | | Account Number: _____ <small> 0123456789 123 123456 0001 Routing Number Account Number Check Number </small> |
| | <input type="checkbox"/> Checking Account (attach a voided check) | | |
| | Financial Institution Name _____ | | |
| Name on the Account _____ | | | |
| I authorize the above company to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | | | |
| Authorized Signature: _____ | | Date: _____ | |

ELECTRONIC PAYMENT CANCELLATION _ I wish to cancel electronic payment.

Authorized signature on my account: _____ Date: _____

*** Please note that it takes several business days to process this information, therefore, if you cancel this less than five (5) days prior to the first of the month, the deduction will not cease until the following month. The last automatic deduction will be in the month of _____.*

- Q. What is E.Services electronic payment?** A. Electronic payment is automatic bill payment, whereby your payment is deducted automatically from your checking or savings account.
- Q. How can you transfer money from my account?** A. Only with your authorization.
- Q. When is the electronic payment transferred from my account?** A. On the first of the month. You never have to worry about forgetting a payment or mailing it in on time.
- Q. Without a cancelled check, how can I prove I made my payment?** A. Your bank statement gives you an itemized list of electronic payments. It is your proof of payment.
- Q. Is electronic payment risky?** A. Electronic payment is less risky than check payment. It cannot be lost, stolen or destroyed in the mail.
- Q. What if I change bank accounts?** A. Notify the Management office and we will give you a new Electronic Payment Authorization Form to complete.
- Q. How much does electronic payment cost?** A. It costs you nothing. Plus, you save on the cost of stamps, checks and envelopes.
- Q. What if I try electronic payment & I don't like it?** A. You can cancel your authorization by filling out an Electronic Payment Authorization Form anytime.