



PAYMENT AUTHORIZATION FORM

ACH / E-CHECK PAYMENT

Withdraw an automatic monthly payment equal to my TOTAL ACCOUNT BALANCE on the 1ST day of each month from the account listed below. A \$1.00 convenience fee per payment will be charged directly by processing company.

Withdraw an automatic monthly payment equal to my RENT CHARGE ONLY on the 1ST day of each month from the account listed below. A \$1.00 convenience fee per payment will be charged directly by processing company.

Withdraw a ONE-TIME payment of \$ _____ on _____ (dd/mm/yy) from the account listed below. A \$1.00 convenience fee per payment will be charged directly by processing company.

Account Type: Checking Savings

Name on Account: _____

Billing Address: _____

Financial Institution: _____

Account Number: _____ Routing Number: _____

CREDIT CARD PAYMENT

Charge an automatic monthly payment equal to my TOTAL ACCOUNT BALANCE on the 1ST day of each month from the account listed below. A convenience fee per payment will be charged directly by processing company (Visa \$22.95 flat fee, Mastercard 2.5%, Discover 2.5%, American Express 3.5%).

Charge an automatic monthly payment equal to my RENT CHARGE ONLY on the 1ST day of each month from the account listed below. A convenience fee per payment will be charged directly by processing company (Visa \$22.95 flat fee, Mastercard 2.5%, Discover 2.5%, American Express 3.5%).

Charge a ONE-TIME payment of \$ _____ on _____ (dd/mm/yy) from the account listed below. A convenience fee per payment will be charged directly by processing company (Visa \$22.95 flat fee, Mastercard 2.5%, Discover 2.5%, American Express 3.5%).

Name on Account: _____

Credit Card Number: _____ Exp. Date _____ Sec. Code _____

Billing Address: _____

Telephone Number: _____

I hereby certify that I am the account holder / card holder and authorize The Home Store LLC to charge my account in the amount referenced above. If the payment date of an automatic monthly payment falls on a non-business day, the payment will occur on the prior business day. I understand that this automatic payment will continue until I cancel it in writing.

Authorized Signature: _____ Date: _____