Automatic Payment Enrollment Form

Resident Name | Property Name

Address including Lot # | City | State | Zip

Payment Information

Payment Frequency: **Monthly**

Payment Amount $ | Payment Day | **Start Date** ( ) | End Date (mm/dd/yy)

Payment Type

E-check Information - Free

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 Lessor, to debit my account above every month this Agreement is in effect. In consideration of Pay Lease'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 $35.00 by 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 monthly for the full amount owed. 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.

Resident Name (Print) | Resident Signature | Date