

# AUTHORIZATION FORM

**Company Name: COLONIAL COURT APARTMENTS**

**ES13944**

<b>FOR OFFICE USE ONLY</b>	Client/Tenant Account #:	Total Monthly Payment Amount:	
	Date of 1 <sup>st</sup> Payment:	Amount of First Payment:	
	Frequency of Payment: <input type="checkbox"/> Monthly on the _____ (specify day of month)		
Last Name		First Name	
Address			
City		State	Zip
Email			Phone #
<b>CHECKING / SAVINGS</b>	Please debit payments from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		<b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
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: _____			
<b>CREDIT CARD</b>	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above company to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____ Date: _____			

***If using a checking account, please attach a voided check over the credit card section above.***