

PAYMENT AUTHORIZATION FORM

I (we) hereby authorize (Vincent Inv Property ,LLC) to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Account

Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Depository Financial Institution Name			
Name on Account			
Billing Address			
Routing Number		Account Number	

Payment Setup Information

<input type="checkbox"/> Open Balance, Not to Exceed	Amount	\$		
<input type="checkbox"/> Fixed Amount	Is Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Percentage of Balance Due	Percentage	%		
<input type="checkbox"/> Always Pay Current Balance Due		<input type="checkbox"/> Resident understands they may not receive notification of the varying balance due		
Frequency	<input type="checkbox"/> One Time	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly Day (1-31):	<input type="checkbox"/> Weekly (M/T/W/Th/F/Sa/Su) <input type="checkbox"/> Semi-Monthly & 15th or 15th & Last (1st) <input type="checkbox"/> Yearly
Start Date			End Date / Number of Occurrences	

Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until (Apartment Name) has received written notification from me (or us) of its termination, in such time and such manner as to afford (Apartment Name) a reasonable opportunity to act on it.

Name		Unit #	
ID#		State	
Signature			
Date			

Revoke Authorization

This authorization is no longer valid and should be terminated effective ____/____/____.

Signature	
Date	

For Internal Use Only:

Payment Enabled Date: ____/____/____ Initials _____
 Payment Disabled Date: ____/____/____ Initials _____



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