

Automatic Payment Enrollment Form

General Information

Resident Name _____ Property Name (if applicable) _____

Address including unit # (if applicable) _____ City _____ State _____ Zip _____

Payment Information

Payment Frequency: Monthly Quarterly Semiannually Annually

Full Bill Amount

Payment Amount \$ _____ Payment Day _____ Start Date (mm/dd/yy) _____ End Date (mm/dd/yy) _____

Payment Type (Choose 1 and fill out the corresponding section below)

E-Check (FREE) AMEX, Discover, or Mastercard (varies depending on card type and amount)

Credit Card Account Information

Credit Card Number _____ Expiration Date (mm/yy) _____ Security code _____

Name as it appears on card _____ Email Address _____ Phone Number _____

Billing Address _____ City _____ State _____ Zip _____

E-check Information

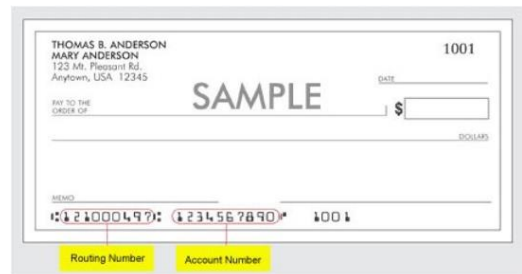
Account Holder Name _____ Phone Number _____

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 on the debit day stated above. In consideration of PayLease'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 \$25.00 by PayLease if my bank account has insufficient funds to cover my payment on the designated day of debit. I authorize PayLease to debit my credit card or checking account submitted above for the amount stated, on the day specified and for the duration of time specified. 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 _____