




---



---

## Resident ("Lessee") AutoPay Agreement ("Agreement")

1. Complete, sign and date this Agreement and keep a copy for your records.
2. If you will be using direct debit, please attach to this Agreement a voided check from your designated checking account ("Account"), which Account will be debited monthly for lease payments in the amount stated in the lease agreement between you and your property manager/lessor ("Lessor").
3. Send this Agreement, along with the attached voided check, to your Property Management Company for processing.
4. It takes 72 business hours for transactions to process. Business days are Monday-Friday excluding banking holidays
5. You may cancel a transaction or all future transactions at any time up to 24 business hours prior to debit by notifying your Lessor or PayLease. Voice messages will not be accepted.
6. If you submit an e-mail address below, you will receive an e-mail notification prior to your debit day notifying you of your debit day and debit amount.

Fee:

\*E-Check: **\$2.50 per transaction**

AutoPay Schedule:

Transaction Amount \$ \_\_\_\_\_

Debit Day of the Month \_\_ \_\_

Initial Debit (Month/Year) \_\_ \_\_/20\_\_ \_\_

Final Debit (Month/Year) \_\_ \_\_/20\_\_ \_\_ or check for no end date \_\_\_\_

**Property Management Company:** \_\_\_\_\_

Property Information (Property that payment is being applied to):

---

Address (include unit number if applies)

City

State

Zip

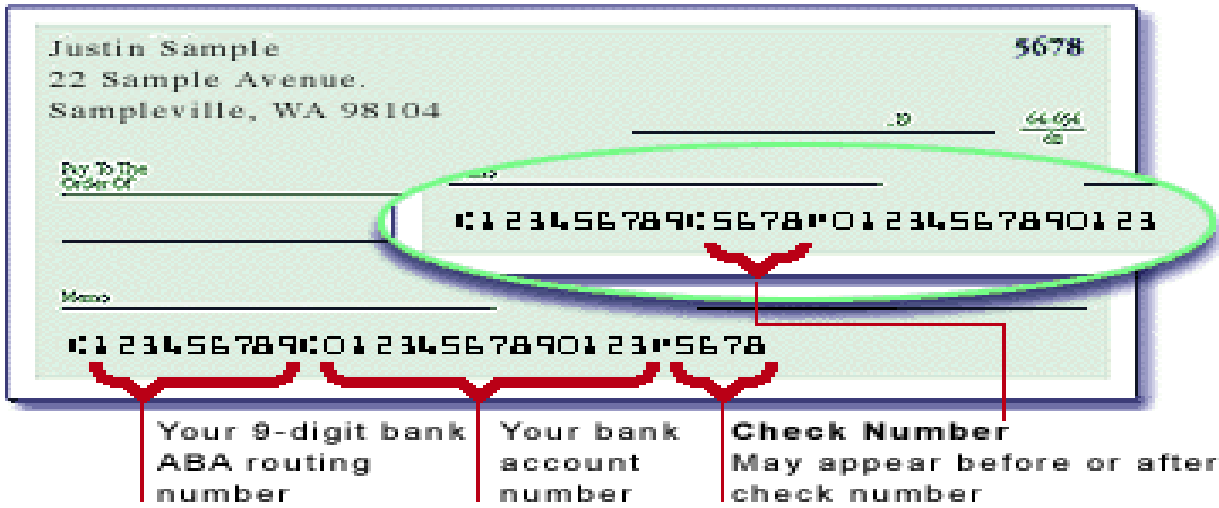
Payment Information:



**E-check Information:**

**Check One of the Following:**     **New Enrollment**             **Add or Change Checking Account**

<b>Company/Individual Name</b>		<b>Telephone #</b>	<b>E-mail Address</b>	
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Bank Name</b>		<b>Routing Number (9 digits)</b>		<b>Checking Account #</b>



**\*Please attach a voided check to the check sample above**

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 to the following:

- 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 will be assessed a fee of \$20.00 by PayLease, Inc. if my bank account has insufficient funds to cover my lease 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 unless in the event of fraudulent activity.
- I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.

**LESSEE (Resident):**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**