

AUTHORIZATION AGREEMENT FOR CLIENTS OF HARRISON & LEAR INC., REALTORS

Please complete and return to our office with a voided check

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 Harrison & Lear Inc., Realtors. (“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.

Fee:

- E-Check: **FREE**
- Visa: **FREE**
- MasterCard/Discover: **FREE**
- American Express: **FREE**

Auto Pay Schedule

Transaction Amount: \$ _____

Debit Day of the Month: _____

Initial Debit (Month/Year) _____

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

Address (include unit number if applies) City State Zip

Payment Information: (Please fill out EITHER Credit Card Information on Page 1 or E-Check information on Page 2)

Credit Card Information (Visa / MasterCard / Discover / American Express):

Card Number Card Expiration Date CVV2 Number
(Last three digits on the back of Credit Card)

First Name Last Name

Address City

State Zip Code

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 Name Address Harrison & Lear Account Number (*Internal Use Only*)

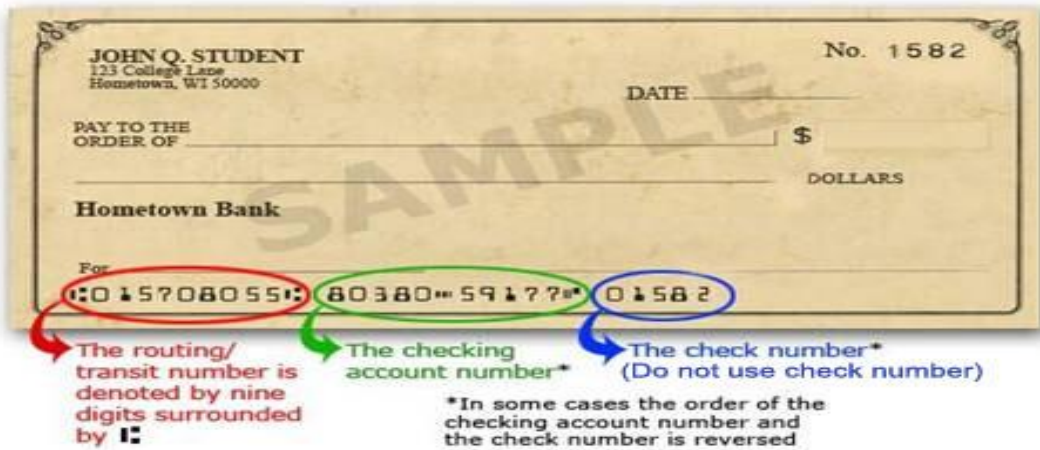
I (We) hereby authorize Harrison & Lear Inc., Realtors hereinafter called **COMPANY**, to initiate Credit entries and/or corrective entries to my (our) _____ Checking, _____ Savings account (*select one*) indicated below at the depository institution named below, herein call **DEPOSITORY**, to Credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (*our*) account comply with the provisions of United State Law.

 Depository Name (Bank) Branch

 City State

 Bank Transit /ABA (Routing) Number Account Number

PLEASE ATTACH COPY OF VOIDED CHECK HERE (NO DEPOSIT TICKETS)



This authorization is to remain in full force until **COMPANY** has received written notification from me (*or either of us*) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** reasonable opportunity to act upon it.

 Name Co-Account Holder

 Signature Signature

 Date Date