

eRentPayment Automatic Payment Authorization

Instructions

Complete the fields below and send a copy of this authorization along with a copy of the tenant's voided check to:

Email: customerservice@erentpayment.com OR Fax: 866-373-7591

Step #1 – To Be Completed by Property Owner/Property Manager

Day of Month to Submit Payment: 1

(Note: This can be 1 through 28 or Last for the Last Day of each Month. The payer's account will be debited the next business day following the Day of Month entered. The payment can be scheduled for the day prior to the funds being in the payer's account if necessary, such as using Last if the funds are in the payer's account on the 1st of each month.)

Payment Amount each month: \$895.00

Start Date of Automatic Payment (Month/Year): _____

End Date of Automatic Payment (Month/Year): _____

Property Address: 3500 N Hayden Rd #301

City: Scottsdale State: AZ Zip: 85251

Step #2 – To Be Completed by Renter

Bank Account Type (Checking or Savings): _____

Bank Account Routing Number (9 digits): _____

Bank Account Number: _____

Authorization:

I authorize eRentPayment, LLC to initiate, and my financial institution to honor, an electronic payment each month in the amount entered above from my bank account entered beginning on the Start Date entered and ending on the End Date entered. The electronic payment will automatically occur each month on the day entered above until the last electronic payment is submitted on the End Date entered. I agree to the terms and conditions of the eRentPayment User Agreement and Privacy Policy. Your Property Manager/Property Owner may elect for you to pay 50% or 100% of the \$3 transaction fee.

To modify or cancel an automatic recurring payment you must contact your Property Manager or Property Owner and they will contact us with the approved changes.

If any changes occur for the checking or savings account entered you must contact your Property Manager or Property Owner and a new automatic payment form must be submitted to eRentPayment at least 5 days prior to the next scheduled payment.

To avoid a Non-Sufficient Funds return the funds transferred must be in the bank account on the day the electronic payment is submitted each month. Any electronic payments returned because of Non-Sufficient Funds will be subject to an NSF fee of \$10.

Renter Name: _____

Renter Phone Number: _____

Renter Email Address: _____

Renter Signature: _____

Date: _____
