



Svigos Asset Management

Property Development & Asset Management

Automatic Payment Authorization Form

Tenant Information

Resident Name

Address including unit # (if applicable)

City

State

Zip

Payment Information

Payment Frequency:

Monthly

Payment Amount \$

Payment Day

Start Date (mm/dd/yy)

End Date (mm/dd/yy)

E-check Information

Account Holder Name

Phone Number

Billing Address As It Appears On Check

City

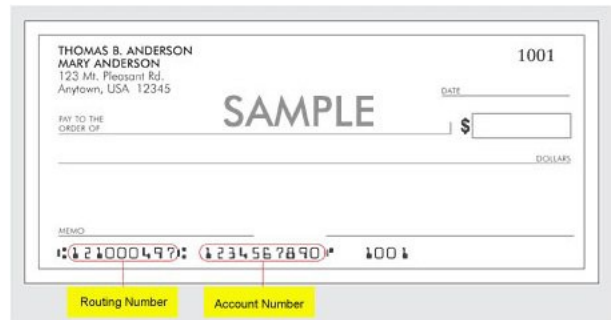
State

Zip

Email Address

Account Type: Checking

Savings



PLEASE PROVIDE A COPY OF A VOIDED CHECK

Bank Name

Routing Number

Account Number

Terms & Conditions

I, the undersigned, authorize Svigos Asset Management, to debit my account above every month, this Agreement is in effect on the debit day stated above. In consideration of Svigos Asset Management'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 \$35.00 by Svigos Asset Management if my bank account has insufficient funds to cover my payment on the designated day of debit. I agree that I will be assessed a fee of \$3 by Svigos Asset Management to process my rent debit each month. It takes 72 business hours for transactions to process. Business days are Monday-Friday excluding banking holidays. I authorize Svigos Asset Management to debit my 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 Svigos Asset Management 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.

SIGN HERE

Tenant Name (Print)

Tenant Signature

Date