



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your Bank Account, or charged to your Visa, MasterCard, American Express and Discover. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

(I/we) do hereby authorize TROY VILLA MHC, LLC, hereinafter named the COMPANY, to initiate recurring debit entries to (my/our) Checking or Savings Account or Credit Card as indicated including the convenience fee if applicable and named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION. (I/we) acknowledge that the origination of ACH transactions to (my/our) account must comply with the provisions of US law. I understand that withdrawals occur automatically on the 5th of each month or on the next business day if the 5th falls on a weekend or holiday. Furthermore, if any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 per item by electronic debit from my account identified below. (I/we) further authorize the COMPANY to collect by electronic debit(s) late fees incurred due to any original debit entries being returned NSF as stated in the COMPANY lease agreement.

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



There Is No Fee For Using This ACH Service

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ CID # _____

***I agree to the additional monthly convenience fee for using this service. The fee for this is three and a half (3.5%) percent of your payment amount.**

Resident Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Community Name: _____

Monthly Rent Amount: _____ *convenience Fee: 3.5% Month to Start: _____
(credit transactions only)

Signature: _____ Date: _____

If using a bank account, please attach a voided check. Return to: 3561 Truman Road, Perrysburg, OH, 43551

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Troy Villa in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Troy Villa may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. **This authorization will automatically be terminated at move out.**

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.