



## Payment Authorization Form

### General Information

Tenant First and Last Name

Park Name

Address including lot # (if applicable)

City

State

Zip

### Payment Information

Payment Amount \$

Payment Day

Start Date (mm/dd/yy)

End Date (mm/dd/yy)

#### Payment Type (Choose 1 and fill out the corresponding section below)

☐ E-Check ( FREE )

Billing Address

City

State

Zip

### E-check Information

Account Holder Full Name

Phone Number

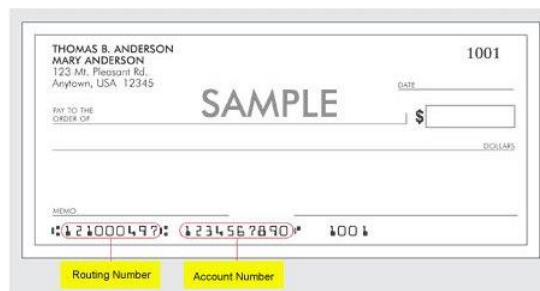
Address on Bank Account

City

State

Zip

Email Address



Routing Number

Account Number

Bank Name

Savings or Checking

### Terms & Conditions

I, the undersigned, I give authorization, on behalf of my Lessor, to debit my account above on this Agreement. 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 authorize Ivie Lane to debit checking or savings 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 Ivie Lane 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. *If the date that is specified for payment falls on a weekend, holiday or is received after regular business hours on a business day, I authorize Ivie Lane to debit checking or savings account on the next business day.*

Resident Signature

Resident Name (Print)

Date