

SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize (Old Row at Cloverdale) to initiate debit entries to my (our) account indicated below, and to debit or credit the same such account. If this item is returned unpaid, I authorize an additional returned item fee of the maximum amount allowed by the state to be charged to this account.

Checking or Savings Account

Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Depository Financial Institution Name			
Name on Account			
Routing Number		Account Number	

Credit Card Account

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover		
Name on Card			
Credit Card Billing Address			
Card Number			
Expiration Date		CVV	

Payment Setup Information

Amount		Transaction Date	
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Authorization

This authorization is to remain in full force and effect for the number of payments authorized above or until (Old Row at Cloverdale) has received written notification from me (or us) of its termination, in such time and such manner as to afford (Old Row at Cloverdale) a reasonable opportunity to act on it.

Name		Unit #	
DL#		State	
Signature			
Date	Leasing Professional initials : ____		