Recurring Payment Authorization Form

Return methods: Fax: 770-285-4845 or Email: Homes@aklipse.com

STREET ADDRESS: STATE: ZIP: I am hereby authorizing Landlord/Aklipse Asset Management Inc. (owithdraw my monthly Rent Payment automatically from my charged Visa, MasterCard, or Discover Card provided Why Recurring Payments Makes Sense It is convenient (saves you time and money) No hassle and worry as your payments will always be on time, even when you are away Eliminates the burden of late charges How Your Recurring Payments Will Work:	
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How Your Recurring Payments Will Work:	
and the same and t	
You are granting authorization for your card to be charged for your regular required monthly Rent Payment und Lease agreement. Your card will be charged each billing period for the amount agreed upon in your Lease on you due date, the 1st of each month. If the first (1st) of the month falls on a holiday or weekend day, the scheduled padeducted the following business day. A will <u>not</u> be mailed to you as the charge from Aklipse Asset Managemen your card statement. This acts as your receipt.	our agreed upon rent ayment will be
Under the terms of your Lease, you are authorizing Landlord to charge your card the sum of <i>(ADD NUMERIC AI</i> st):USD (\$00) on the 1st of each	
Please complete the information below:	
I (STATE NAME :) do grant Landlord, Aklip Management Inc. authorization to debit my account indicated below for my rent payment on the rent due date.	ose Asset
I understand that I will not receive a receipt and it is my responsibility to review my card statement for proof that received. I also understand that I will only be contacted about my rent payment should my card at anytime be de	
Credit or Debit Card Information	
Card Type (Visa, MasterCard, or Discover):	
Name on Card:	
Card Number:	
Exp. Date:	
CVV (3 digit number on back of card): Your Card Zip Code:	