

RESIDENT'S AUTHORIZATION FOR AUTOMATED ELECTRONIC PAYMENT

(to be filled in by each resident on the Lease Contract)

Resident's name _____

Description of obligation: Rent payments under lease which is dated _____

for dwelling located at _____

Apartment community name _____

City College Station State Texas Zip _____

Or other amounts for obligations described below. _____

1. ACH option Initial here to select ACH option: _____

Name of account holder _____ Phone _____

Name of bank _____ City _____ State _____

Checking account # _____ Bank's ABA# _____

(Attach a voided check from the account to be debited.)

2. Card option Initial here to select card option: _____

Name as it appears on card _____

Card # _____ Expiration date (mm/yy) _____

Choose one of the following options: CREDIT (check one) _____ Visa _____ MasterCard _____ AmEx _____ Discover **OR** DEBIT

Billing address _____ City _____ State _____ Zip _____

Authorized signature _____ Date _____

Amount to be debited for rent payment each full month is \$ _____ (provided authorization is not revoked by resident)

Frequency of the debit will be the _____ day of each month.

Start date for automatic debit for monthly rent payment is _____

If any month is to be prorated, the dollar amount due and the time period covered for the prorated period are:

\$ _____ for the month of _____

If the Lease Contract permits the effective date of Lease Contract termination to be other than at the end of a calendar month, the dollar amount of the last rental payment will be a daily prorata amount from the rental due date through the last day of the lease term.

Other amounts to be debited each month will reflect separate agreements between you and us for you to pay for:

allocated or submetered utilities such as (check all that apply) natural gas, electricity, water, wastewater, central systems, trash collection, cable television, Internet, or other services or amenities as specified below:

Name of apartment owner: Elektra Investments, LLC

I hereby authorize owner of the apartment community named above to electronically debit my checking account, as per this authorization form, through the Automated Clearing House (ACH) system or by Credit or Debit card (as selected above) for my monthly rent payments and/or other obligations as noted above. I reserve the right to revoke or terminate this authorization for the method of payment at anytime by written notice to the apartment owner. If I revoke or terminate this authorization, I will pay my rent and other obligations by regular check, certified check or money order as provided in the Lease Contract.

Resident's signature _____ Date _____

_____ Date _____