

SINGLE ENTRY DEBIT AUTHORIZATION FORM

I (we) hereby authorize University Village 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			
City and State		Zip	
Card Number			
Expiration Date		CVV	

Payment Setup Information

Amount		Transaction Date	
---------------	--	-------------------------	--

Authorization

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

Name on Card		Unit #	
<i>Resident Name, if different from above</i>			
Drivers License #		State	
Signature			
Date		Leasing Professional Initials :	