

Auto Pay Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, or Discover Card. Just complete and sign this form to get started!

Please Print The Information Below:

First Name:	Month to Start:
Last Name:	Day for Payment (1st-5th Only):
Street Address:	Property Name:
City, State, Zip:	Email:

Select ONE Option only:

I authorize a payment for my total balance due in full each month up to \$_____ (Maximum Allowable Amount.)

I understand that if my total balance exceeds the Maximum Allowable Amount noted that this auto pay will be cancelled, that I am still responsible for paying the full balance due, and that I will need to complete a new auto pay authorization form if I would like to re-instate the auto pay option.

Pay a flat amount each month towards my balance \$_____

I understand that I am setting up an auto pay for a flat amount that does not change and that I am responsible for updating my auto pay if my rent amount increases or if I owe an additional one-time amount.

Checking/ Savings Account – FREE!

Credit Card – 2.95%

Checking Savings

Name on Acct _____

Bank Name _____

Routing # _____

Account # _____

Bank City/State _____



Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV Code _____

**Note that there is a 2.95% fee for CC Transactions*

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify my landlord in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I also agree to the RentTrack Terms of Service (Terms available at <http://www.renttrack.com/terms-of-service/>.)

Processed by



Email completed form to help@renttrack.com

The form will be completed within 3 business days of submission.