



AUTOMATIC DEBIT AUTHORIZATION FORM

To authorize automatic debit of rent the 1st of each month, please complete this form and return it to the office. If the office is closed, please use the drop box in the office door marked "Employees Only." The completed authorization form is stored in a locked file and shredded at lease end. You may also request a cancellation at any time.

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I, _____ (please print your name), authorize Highland Hills Apartments to debit my credit/debit card on the 1st of each month beginning _____, 20__ and ending at lease end _____, 20__.

I understand that funds must be available on the 1st of each month, and that I will be charged late fees due to lack of funds on my credit/debit card.*

CARD NUMBER # _____ EXP DATE _____

CARDHOLDER TELEPHONE # _____ SECURITY CODE _____

CARDHOLDER SIGNATURE _____ DATE _____

* * * * *

RESIDENT NAME (Please print) _____

APT # _____ RENT AMOUNT \$ _____

RESIDENT TELEPHONE # _____

(Highland Hills must have your current telephone number to contact you.
Contact the office if your telephone number changes.)

RESIDENT SIGNATURE _____ DATE _____

- Highland Hills reserves the right to cancel this service any time due to declined credit/debit cards.